

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000102631

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** COHEN CLASSIC AUTO OF FLORIDA, INC.

**Current Principal Place of Business:**

2650 LAKE SHORE DR., UNIT #901  
SINGER ISLAND, FL 33404

**New Principal Place of Business:**

2650 LAKE SHORE DR., UNIT #901  
SINGER ISLAND, FL 33404 US

**Current Mailing Address:**

2650 LAKE SHORE DR., UNIT #901  
SINGER ISLAND, FL 33404

**New Mailing Address:**

388 SOUTH MAIN STREET  
SUITE 403  
AKRON, OH 44311 US

**FEI Number:** 27-1651386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COHEN, ROBERT W  
2650 LAKE SHORE DR., UNIT #901  
SINGER ISLAND, FL 33404 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** COHEN, ROBERT W  
**Address:** 2650 LAKE SHORE DR., UNIT # 901  
**City-St-Zip:** SINGER ISLAND, FL 33404 US

**Title:** AS  
**Name:** O'CONNOR, KEVIN T  
**Address:** 1375 EAST 9TH ST., 20TH FLOOR  
**City-St-Zip:** CLEVELAND, OH 44114 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** KEVIN T. O'CONNOR

AS

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date