

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90041 007 \*\*\*150.00

DOCUMENT # *P36179*  
1. Entity Name  
**DEFOREST ENTERPRISES, INC.**

**DO NOT WRITE IN THIS SPACE**

**54019744**

2. Principal Place of Business <b>6421 CONGRESS AVENUE</b> Suite, Apt. #, etc. <b>#121</b>	3. Mailing Address <b>6421 CONGRESS AVENUE</b> Suite, Apt. #, etc. <b>#121</b>
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City & State <b>BOCA RATON FL</b>	City & State <b>BOCA RATON FL</b>	4. FEI Number <b>75-1730513</b>	Applied For Not Applicable
Zip <b>33487-2841</b>	Country <b>USA</b>	Zip <b>44387-2841</b>	Country <b>USA</b>
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>CT CORPORATION SYSTEM</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. PINE ISLAND ROAD</b>	
City <b>PLANTATION</b>	FL Zip Code <b>33324</b>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE <b>dcp</b> NAME <b>COHEN, ELLIOT</b> STREET ADDRESS <b>6421 CONGRESS AVE., #121</b> CITY-ST-ZIP <b>BOCA RATON, FL 33487-2841</b>
TITLE <b>V/S</b> NAME <b>COHEN, EILEEN</b> STREET ADDRESS <b>6421 CONGRESS AVE., #121</b> CITY-ST-ZIP <b>BOCA RATON, FL 33487-2841</b>
TITLE <b>T</b> NAME <b>L. ELIZABETH VOLMAN</b> STREET ADDRESS <b>6421 CONGRESS AVE., #121</b> CITY-ST-ZIP <b>BOCA RATON, FL 33487-2841</b>
TITLE <b>ADMIN V. PRESIDENT</b> NAME <b>MILITELLO, PAMELA</b> STREET ADDRESS <b>6421 CONGRESS AVE., #121</b> CITY-ST-ZIP <b>BOCA RATON, FL 33487-2841</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Eileen Cohen* **EILEEN COHEN**

Date

Daytime Phone #