

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90114 047 \*\*\*150.00

**DOCUMENT # P36179**

1. Entity Name  
**DEFOR ENTERPRISES, INC.**



Principal Place of Business

**6421 CONGRESS AVE.  
#121  
BOCA RATON, FL 33487-2841**

Mailing Address

**6421 CONGRESS AVE.  
#121  
BOCA RATON, FL 33487-2841**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072005

Chg-P

CR2E034 (10/03)

4. FEI Number

**75-1730513**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input type="checkbox"/> Delete
NAME	COHEN, ELLIOT ✓	
STREET ADDRESS	6421 CONGRESS AVE., #121	
CITY- ST- ZIP	BOCA RATON, FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	COHEN, EILEEN ✓	
STREET ADDRESS	6421 CONGRESS AVE., #121	
CITY- ST- ZIP	BOCA RATON, FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MILITELLO, PAMELA ✓	
STREET ADDRESS	6421 CONGRESS AVE #121	
CITY- ST- ZIP	BOCA RATON, FL 33487	
TITLE	T	<input type="checkbox"/> Delete
NAME	VOLMAN, L. ELIZABETH ✓	
STREET ADDRESS	6421 CONGRESS AVE. #121	
CITY- ST- ZIP	BOCA RATON, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Eileen Cohen* **EILEEN COHEN** 3-11-05 1561-994-9696