

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000010453

1. Entity Name
ANDREW COTZIN, P.A.



Principal Place of Business
**ONE FINANCIAL PLAZA, SUITE 2700
FORT LAUDERDALE, FL 33394 US**

Mailing Address
**ONE FINANCIAL PLAZA, SUITE 2700
SUITE 1130
FORT LAUDERDALE, FL 33394 US**



DO NOT WRITE IN THIS SPACE

03292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0375002

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES INC
201 S. BISCAYNE BLVD
#3000
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
COTZIN, ANDREW
ONE FINANCIAL PLAZA, SUITE 2700
FORT LAUDERDALE, FL 33394**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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UN00000282995
04/01/05-80010-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW COTZIN

3/30/05 (954) 764-7060

Date

Daytime Phone #