2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90159 001 ***150.00
02-16-2004 90159 002 *****8.75

DOCUMENT # P93000013731

1. Entity Name
19 WOODS CORPORATION

Principal Place of Business
1026 POINSETTA RD
DELRAY BEACH, FL 33483

Mailing Address
1026 POINSETTA RD
DELRAY BEACH, FL 33483

01272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 21174 La Vista Circle
Suite, Apt. #, etc.:
City & State: Boca Raton, FLA.
Zip: 33428 Country: USA

3. Mailing Address: 21174 La Vista Circle
Suite, Apt. #, etc.:
City & State: Boca Raton, Fla 33428
Zip: 33428 Country: USA

4. FEI Number: 65-0515795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, BARRY
1026 POINSETTA RD
DEL REY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name: Cohen, Barry
Street Address (P.O. Box Number is Not Acceptable): 21174 La Vista Circle
City: Boca Raton FL Zip Code: 33428

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: Barry Cohen DATE: 2/9/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SD	☐ Delete
NAME	COHEN, ALLAN	
STREET ADDRESS	19 WOODS LN	
CITY-ST-ZIP	BOYNTON BCH, FL 33436	
TITLE	PD	☐ Delete
NAME	COHEN, BARRY	
STREET ADDRESS	1026 POINSETTA RD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ 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 all other like empowered.

SIGNATURE: ____ 2/9/04 (561)654-4984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #