


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000031018 1. Entity Name PHILANN INVESTMENT CORPORATION	
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Principal Place of Business % 1399 S.W. FIRST AVENUE 4TH FLOOR MIAMI, FL 33130	Mailing Address 5820 MIAMI LAKES DR MIAMI LAKES, FL 33014 US
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01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0587362	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, LEWIS R
1399 S.W. FIRST AVENUE
4TH FLOOR
MIAMI, FL 33130

**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, 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	V
NAME	COHEN, JEFFREY
STREET ADDRESS	3060 ALTON ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33130
TITLE	P
NAME	COHEN, WILLIAM D
STREET ADDRESS	1399 S.W. FIRST AVE.
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	S
NAME	COHEN, LEWIS R
STREET ADDRESS	1399 S.W. FIRST AVE.
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
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

WILLIAM D. COHEN

1/13/04

Date

305-556-4601

Daytime Phone #