## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000000188

Entity Name: COHEN & COMPANY CREATIVE, INC.

FILED Feb 26, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
2850 GRE SUITE 604	ENE ST #100		2850 GRE SUITE 100	ENE ST #10	0	
HOLLYWOOD, FL 33020				HOLLYWOOD, FL 33020		
Current Mailing Address:			New Maili	New Mailing Address:		
2850 GREENE ST #100 SUITE 604 HOLLYWOOD, FL 33020			2850 GREENE ST #100 SUITE 100 HOLLYWOOD, FL 33020			
FEI Number	: 65-0804199	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	l Address of Cu	rrent Registered Agent:	Name and	Address of	f New Registered Agent:	
HOLLYWO	ANTA STREET DOD, FL 33021	US Ibmits this statement for the	e purpose of changing	its registered	d office or registered agent, or botl	
in the State	e of Florida.			_		
SIGNATUI		0:				
		Signature of Registered A	gent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).				
OFFICER	S AND DIRECT	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			
Title: Name: Address: City-St-Zip:	DP ()[ COHEN, MARCI 3335 ATLANTA S HOLLYWOOD, F		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address:	DT () [ COHEN, DAVID 11054 NORTHW	Delete EST 8TH COURT	Title: Name: Address:	COHEN, DAV	(X) Change()Addition VID 5TH AVENUE, 108	
City-St-Zip:	PLANTATION, FL		City-St-Zip:	SUNRISE, F		
Title: Name: Address: City-St-Zip:	DS ()[ COHEN, JAY 9266 NW 9TH CT FORT LAUDERD		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DC () [ COHEN, MICHAE 12743 N WINNEI FORT LAUDERD	RS CIR	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name:	1()	Delete	Title: Name:	COHEN, CYI	( ) Change (X) Addition NTHIA	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: FORT LAUDERDALE, FL 33330

SIGNATURE: MARCI COHEN P 02/26/2008

City-St-Zip: