

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000000188

FILED
Apr 30, 2008
Secretary of State**Entity Name:** COHEN & COMPANY CREATIVE, INC.**Current Principal Place of Business:**2850 GREENE ST #100
SUITE 100
HOLLYWOOD, FL 33020**New Principal Place of Business:**13450 W. SUNRISE BOULEVARD
SUITE 140
SUNRISE, FL 33323**Current Mailing Address:**2850 GREENE ST #100
SUITE 100
HOLLYWOOD, FL 33020**New Mailing Address:**13450 W. SUNRISE BOULEVARD
SUITE 140
SUNRISE, FL 33323**FEI Number:** 65-0804199**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COHEN, MARCI
3335 ATLANTA STREET
HOLLYWOOD, FL 33021 US**Name and Address of New Registered Agent:**COHEN, MICHAEL
13450 W. SUNRISE BOULEVARD
SUNRISE, FL 33323 US

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.

SIGNATURE: MICHAEL COHEN

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COHEN, MARCI
Address: 3335 ATLANTA STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: DVP () Delete
Name: COHEN, DAVID
Address: 1511 NW 125TH AVENUE, 108
City-St-Zip: SUNRISE, FL 33323

Title: DS (X) Delete
Name: COHEN, JAY
Address: 9266 NW 9TH CT
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: DC (X) Delete
Name: COHEN, MICHAEL
Address: 12743 N WINNERS CIR
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: T (X) Delete
Name: COHEN, CYNTHIA
Address: 12743 NORTH WINNERS CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: COHEN, MICHAEL
Address: 12743 NORTH WINNERS CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: D (X) Change () Addition
Name: COHEN, CYNTHIA
Address: 12743 NORTH WINNERS CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MICHAEL COHEN

DC

04/30/2008

Electronic Signature of Signing Officer or Director

Date