

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000188

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: COHEN & COMPANY CREATIVE, INC.

## Current Principal Place of Business:

13450 W. SUNRISE BOULEVARD  
SUITE 140  
SUNRISE, FL 33323

## New Principal Place of Business:

5200 S. UNIVERSITY DRIVE  
SUITE 104  
DAVIE, FL 33328

## Current Mailing Address:

13450 W. SUNRISE BOULEVARD  
SUITE 140  
SUNRISE, FL 33323

## New Mailing Address:

5200 S. UNIVERSITY DRIVE  
SUITE 104  
DAVIE, FL 33328

FEI Number: 65-0804199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, MICHAEL  
13450 W. SUNRISE BOULEVARD  
SUNRISE, FL 33323 US

## Name and Address of New Registered Agent:

COHEN, MICHAEL  
5200 S. UNIVERSITY DRIVE  
DAVIE, FL 33328 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

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Delete  
Name: JACOBS, MARCI H  
Address: 3335 ATLANTA STREET  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date