

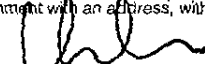


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000015243		
1. Entity Name LEWIS R. COHEN, P.A.		
Principal Place of Business 1111 BRICKELL AVE 2920 MIAMI, FL 33131	Mailing Address 1111 BRICKELL AVE 2920 MIAMI, FL 33131	 01052006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Name and Address of Current Registered Agent COHEN, LEWIS R 1111 BRICKELL AVE STE 2920 MIAMI, FL 33131
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, LEWIS R 1111 BRICKELL AVE STE 2920 MIAMI, FL 33130	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  1/9/06 305-371-8177		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____		