

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P98000052139**  
1. Entity Name  
**OFFICE DESIGN & COORDINATION, INC.**



**FILED  
Apr 28, 2004 8:00 am  
Secretary of State**

04-28-2004 90290 007 \*\*\*150.00

Principal Place of Business  
**7742 VILLA D'ESTE WAY  
DELRAY BEACH, FL 33446**

Mailing Address

2. Principal Place of Business  
**2941 W. CYPRESS CREEK RD  
Suite, Apt. #, etc.  
SUITE 102  
City & State  
FT. LAUDERDALE, FL  
Zip 33309 Country USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

04132004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0862177</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, SHARON R  
7742 VILLA D'ESTE WAY  
DELRAY BEACH, FL 33446**

Name

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 renaming)

DATE

**4/22/04**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS COHEN, SHARON R 7742 VILLA D'ESTE WAY DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT COHEN, SHARON R 7742 VILLA D'ESTE WAY DELRAY BEACH, FL 33446</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SHARON R. COHEN 4/22/04 954 971-1010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #