

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000052139

1. Entity Name
OFFICE DESIGN & COORDINATION, INC.



FILED

05 MAY 10 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2941 W. CYPRESS CREEK RD
SUITE 102
FORT LAUDERDALE, FL 33309 US

Mailing Address
7742 VILLA D'ESTE WAY
DELRAY BEACH, FL 33446



2. Principal Place of Business

3. Mailing Address

2941 W. Cypress Creek Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

04132005

Chg-P

CR2E034 (10/03)

158.00

City & State

City & State
Ft. Lauderdale, FL

4. FEI Number

65-0862177

Applied For

Not Applicable

Zip

Country

Zip

Country

33309

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

SHARON COHEN

Sharon Cohen 4/15/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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
DPS
COHEN, SHARON R
STREET ADDRESS
7742 VILLA D'ESTE WAY
CITY-ST-ZIP
DELRAY BEACH, FL 33446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
VPT
COHEN, SHARON R
STREET ADDRESS
7742 VILLA D'ESTE WAY
CITY-ST-ZIP
DELRAY BEACH, FL 33446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 information.

SIGNATURE:

Sharon R Cohen

4/15/05 954971-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/17/05