

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90142 046 ***150.00

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1. Entity Name
BRIAN COCHRANE ENTERPRISES, INC.



Principal Place of Business
1121 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Mailing Address
1121 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

50003484



01272006 No Chg-P *CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0890882

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GATSOS, ELAINE M
1499 WEST PALMETTO PARK ROAD
SUITE 210
BOCA RATON, FL 33486

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IN THIS SPACE**

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 Brian R Cochrane

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

(NOTE: Registered Agent signature required when reinstating)

3/14/2006

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COCHRANE, BRIAN
STREET ADDRESS	5570 N.W. 61ST #926
CITY-STATE-ZIP	COCONUT CREEK, FL 33073
TITLE	S
NAME	HUBERT, MAURICE J
STREET ADDRESS	1121 S.M. LRARY TRL
CITY-STATE-ZIP	DEERFIELD BEACH, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Brian R Cochrane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/2006

Daytime Phone #

(954) 725-0655