2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90037 025 ***150.00

DOCUMENT # S25058

1. Entity Name
ABBE COHN, P.A.

Principal Place of Business
333 NORTH NEW RIVER DR EAST
SUITE 2000
FT LAUDERDALE FL 33301
US

Mailing Address
333 NORTH NEW RIVER DRIVE EAST
SUITE 2000
FT LAUDERDALE FL 33301
US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
333 North New River Dr East		333 North New River Dr East	
Suite, Apt. #, etc.: Suite 1000		Suite, Apt. #, etc.: Suite 1000	
City & State: Fort Lauderdale, Fl		City & State: Fort Lauderdale, Fl	
Zip: 33301	Country: USA	Zip: 33301	Country: USA

1st MOORE CR2E034 (10/07)

4. FEI Number 59-3049662 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABBE COHN
RIVER WALK PLAZA, SUITE 2000
333 NORTH NEW RIVER DRIVE EAST
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name: Abbe Cohn
Street Address (P.O. Box Number is Not Acceptable): 333 North New River Dr. East
Suite 1000
City: Fort Lauderdale **FL** Zip Code: 33301

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] Abbe Cohn DATE: 1/25/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COHN, ABBE		NAME	
STREET ADDRESS	333 NORTH NEW RIVER DRIVE EAST		STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Abbe Cohn 1/25/08 954-524-1337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #