


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 821530 1. Entity Name 29-37 MAIN STREET, WHITE PLAINS, CORPORATION	
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Principal Place of Business 20 MILSTONE ROAD RYE BROOK, NY 10573	Mailing Address 375 PARK AVENUE C/O LAURENCE W. COHEN NEW YORK, NY 10152
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DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-1738615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PLATT, PLATT 3864 SHERIDAN STREET HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, CAROL G 20 MILSTONE ROAD RYE BROOK, NY 10573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, AARON S 1237 SEDJEWICK AVENUE WESTFIELD, NJ 07090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD COHEN, LAURENCE W 57 RANDOM FARMS CIRCLE CHIPPAQUA, NY 10514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/12/05-80003-005 550.00

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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: Laurence W. Cohen 7/8/05 212-751-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #