

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F70158
 1. Entry Name
 KRAMER, GREEN, ZUCKERMAN, GREENE & BUCHSBAUM, P.A.



Principal Place of Business: 4000 HOLLYWOOD BOULEVARD, SUITE 485 SOUTH, HOLLYWOOD, FL 33021
 Mailing Address: 4000 HOLLYWOOD BOULEVARD, SUITE 485 SOUTH, HOLLYWOOD, FL 33021



01232006 No Chg-P CR2E034 (11/05)
 4. FEI Number: 59-2178562 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 KRAMER, ROBERT M
 4000 HOLLYWOOD BOULEVARD
 SUITE 485 SOUTH
 HOLLYWOOD, FL 33021

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) 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	PD
NAME	KRAMER, ROBERT M
STREET ADDRESS	4000 HOLLYWOOD BV #485 S
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	STD
NAME	GREEN, MITCHELL F
STREET ADDRESS	4000 HOLLYWOOD BOULEVARD #485 S
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	ASD
NAME	GREENE, CRAIG M
STREET ADDRESS	4000 HOLLYWOOD BLVD, SUITE 485
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 02/06/06-80009-003 150.00

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: ROBERT M. KRAMER 1/24/06 954-966-2112
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #