

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90095 001 ***150.00

DOCUMENT # P99000063604

1. Entity Name
THE ZEIGER CORP.



Principal Place of Business
**C/O MR. SOLOMON TERNER
6701 UNW 7 ST. #125
MIAMI, FL 33126**

Mailing Address
**C/O MR. SOLOMON TERNER
P.O. BOX 520687
MIAMI, FL 33152**



2. Principal Place of Business
6950 NW 77 CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142006 Chg-P CR2E034 (11/05)

City & State
MIAMI FL

City & State

4. FEI Number
65-0934234

Applied For
Not Applicable

Zip
33166

Country
MIAMI DADE

Zip Country

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

6. Name and Address of Current Registered Agent

**GRAYSON, MOISES T
25 S.E. 2ND AVE.
SUITE 730
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SALOMON, TERNER
6950 NW 77 CT
MIAMI, FL 33166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
TERNER, ROSA
6950 NW 77 CT
MIAMI, FL 33166** ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosa Terner, Pres. 2/14/06 305-266 9000

Date

Daytime Phone #