

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # 602431

1. Entity Name
HORWICH & ZAGER PA



Principal Place of Business
**1541 SUNSET DRIVE
2ND FLOOR FEDERAL BLDG
CORAL GABLES, FL 33143**

Mailing Address
**1541 SUNSET DRIVE
2ND FLOOR FEDERAL BLDG
CORAL GABLES, FL 33143**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1302622

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HORWICH, RICHARD J
1541 SUNSET DRIVE
CORAL GABLES, FL 33143**

**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 _____

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, 2007 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 HORWICH, RICHARD J
STREET ADDRESS 1541 SUNSET DRIVE
CITY-ST-ZIP CORAL GABLES, FL 00000,

TITLE SD
NAME ZAGER, IRA
STREET ADDRESS 1541 SUNSET DRIVE
CITY-ST-ZIP CORAL GABLES, FL 00000,

TITLE V
NAME HORWICH, MITCHELL
STREET ADDRESS 1541 SUNSET DRIVE
CITY-ST-ZIP CORAL GABLES, FL

TITLE V
NAME HORWICH, FRANCINE
STREET ADDRESS 1541 SUNSET DR.
CITY-ST-ZIP CORAL GABLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

0000000672414
03/28/07-80066-023 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD J. HORWICH, PRES 3/16/07

Date

Daytime Phone # _____