

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604916

FILED  
Mar 15, 2007  
Secretary of State

Entity Name: MILLER & ZACHMAN, P.A.

## Current Principal Place of Business:

621 S. FEDERAL HIGHWAY  
P O BOX 9  
FT LAUDERDALE, FL 33302

## Current Mailing Address:

621 S. FEDERAL HIGHWAY  
P O BOX 9  
FT LAUDERDALE, FL 33302

## New Principal Place of Business:

621 S. FEDERAL HIGHWAY  
#10  
FT LAUDERDALE, FL 33301

## New Mailing Address:

PO BOX 9  
FT LAUDERDALE, FL 33302

FEI Number: 59-1515068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZACHMAN (ALICIA)  
621 S. FED. HIGHWAY  
PO BOX 9  
FT LAUDERDALE, FL 33302 US

## Name and Address of New Registered Agent:

ZACHMAN (ALICIA)  
621 S FEDERAL HIGHWAY  
#10  
FT LAUDERDALE, FL 33301 US

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.

SIGNATURE:

03/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: ZACHMAN, ALICIA,  
Address: 1729 S.E. 7 STREET  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: PD ( ) Delete  
Name: MILLER, WILLIAM G., JR.  
Address: 621 S FEDERAL HWY  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: ZACHMAN,ALICIA,  
Address: 1729 S.E. 7 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33316

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition  
Name: ZACHMAN, ALICIA,  
Address: PO BOX 9  
City-St-Zip: FT LAUDERDALE, FL 33302

Title: PD (X) Change ( ) Addition  
Name: MILLER, WILLIAM G., JR.  
Address: PO BOX 9  
City-St-Zip: FT LAUDERDALE, FL 33302

Title: D (X) Change ( ) Addition  
Name: ZACHMAN,ALICIA,  
Address: PO BOX 9  
City-St-Zip: FT. LAUDERDALE, FL 33302

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA ZACHMAN

ST

03/15/2007

Electronic Signature of Signing Officer or Director

Date