


FILED  
May 14, 2007 8:00 am  
Secretary of State

04-24-2007 90019 013 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

47

<b>DOCUMENT # 695967</b> 1. Entity Name AUGUST & POHLIG, P.A.	
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Principal Place of Business 201 ALHAMBRA CIR SUITE 711 CORAL GABLES, FL 33134 US	Mailing Address 201 ALHAMBRA CIR SUITE 711 CORAL GABLES, FL 33134 US
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04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2107174	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

ZERO 34 REGISTRATION CORP.  
201 ALHAMBRA CIR  
S-711  
CORAL GABLES, FL 33134

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 reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	PDT POHLIG, FRANCIS M 201 ALHAMBRA CIR, #711 CORAL GABLES, FL 0.
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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

5/10/07

Date

Daytime Phone #

305-441-1776