

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F70158**

1. Entity 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



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2178562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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	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	

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01/16/07-80055-009 150.00

**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

Date

Day/Time Phone #

01/10/2007

954.966.2112