


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # H31164 1. Entity Name DONALD S. ZUCKERMAN, P.A.	
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Principal Place of Business C/O DONALD S. ZUCKERMAN 2701 OAKBROOK MANOR FT LAUDERDALE, FL 33332 US	Mailing Address C/O DONALD S. ZUCKERMAN 2701 OAKBROOK MANOR FT LAUDERDALE, FL 33332 US
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01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2472107	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ZUCKERMAN, DONALD S. 2701 OAKBROOK MANOR FT LAUDERDALE, FL 33332

**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, 2005 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	PTD ZUCKERMAN, DONALD S. 2701 OAKBROOK MANOR FT LAUDERDALE, FL
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**DO NOT WRITE
IN THIS SPACE**

100000230063
02/15/05 80025-016 183.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Daytime Phone #

DONALD S. ZUCKERMAN PRES

28-05 954-3890136