


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # H88014**  
 1. Entity Name  
**ZIMMERMAN & PARTNERS ADVERTISING, INC.**



Principal Place of Business 2200 W. COMMERCIAL BLVD. STE 300 FT. LAUDERDALE, FL 33309 US	Mailing Address 2200 W. COMMERCIAL BLVD. STE 300 FT. LAUDERDALE, FL 33309 US
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**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2612485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 VALDES, DAVID  
 2200 W COMMERCIAL BLVD  
 STE 300  
 FT LAUDERDALE, FL 33309

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

00000169242  
 08/02/04-80016-014 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD ZIMMERMAN, JORDAN 2200 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST VALDES, DAVID 2200 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **954-731-2900** **Daytime Phone #**