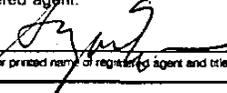
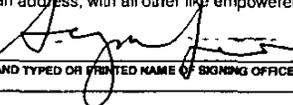


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90041 039 \*\*\*150.00

50004262

DOCUMENT # H99976			
1. Entity Name ZWICKLER FINANCIAL SERVICES CORP.			
Principal Place of Business 146 GREENS RD. HOLLYWOOD, FL 33021		Mailing Address 146 GREENS RD. HOLLYWOOD, FL 33021	
2. Principal Place of Business 2802 N. 46th Ave		3. Mailing Address 2802 N. 46th Ave	
Suite, Apt. #, etc. B 337		Suite, Apt. #, etc. B 337	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33021		Country US	
4. FEI Number 59-2640186		Applied For Not Applicable	
5. Certificate of Status Desired = <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01122005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ZWICKLER, SEYMOUR 146 GREENS RD. HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent	
2802 N. 46th Ave Hollywood (B 337)		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 		Seymour Zwickler	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZWICKLER, SEYMOUR 146 GREENS RD. HOLLYWOOD, FL 2802 N. 46th Ave (B 337)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Seymour Zwickler 1/10/05 954-981-1935	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	