

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 3rd		Suite, Apt. #, etc. B 3rd																																				
City & State Hollywood FL		City & State Hollywood FL																																				
Zip 33021		Zip 33021																																				
Country US		Country US																																				
4. FEI Number 59-2640186		Applied For <input type="checkbox"/> Not Applicable																																				
5. Certificate of Status Desired = <input type="checkbox"/> \$8.75 Additional Fee Required																																						
6. Name and Address of Current Registered Agent ZWICKLER, SEYMOUR 146 GREENS RD. HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																				
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: <u><i>Seymour Zwickler</i></u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																																						
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> DP ZWICKLER, SEYMOUR 146 GREENS RD. 2802 N. 46th Ave HOLLYWOOD, FL (B 3rd) </td> <td style="width: 50px; text-align: right; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZWICKLER, SEYMOUR 146 GREENS RD. 2802 N. 46th Ave HOLLYWOOD, FL (B 3rd)	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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)(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: <u><i>Seymour Zwickler</i></u> 1/10/05 954-981-1935 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																						