

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M00061
1. Entity Name
SCHWARTZ, GOLD, COHEN, ZAKARIN & KOTLER, P.A.



Principal Place of Business
**54 SW BOCA RATON BLVD.
SUITE 300
BOCA RATON, FL 33432 US**

Mailing Address
**54 SW BOCA RATON BLVD.
SUITE 300
BOCA RATON, FL 33432 US**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2407070 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**COHEN, EDWARD B.
54 SW BOCA RATON BLVD.
SUITE 300
BOCA RATON, FL 33432**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SCHWARTZ, ALLAN H.
STREET ADDRESS	54 SW BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	TD
NAME	ZAKARIN, RONALD M.
STREET ADDRESS	54 SW BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	PD
NAME	COHEN, EDWARD B.
STREET ADDRESS	54 SW BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	SD
NAME	KOTLER, MICHAEL T
STREET ADDRESS	54 SW BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/09/06-80017-004 150.00

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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

2/27/06 *561-361-9600*
Date Daytime Phone #