


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 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
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2407070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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, 2007 Fee will be \$550.00**

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

00000617912
02/08/07-80009-002-150.00

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 J
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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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] Date: 1/31/07 Daytime Phone #: 561-361-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR