

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 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**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2407070</b>	Applied For <input type="checkbox"/> 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**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U000000777286  
01/10/08-80002-002 150.00

**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 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	

**DO NOT WRITE  
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

Date

Daytime Phone #