


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90193 040 ***150.00

DOCUMENT # P01000107747		
1. Entity Name ZUCKER PUBLIC RELATIONS, INC.		


Principal Place of Business 2875 NE 191 STREET #702B AVENTURA, FL 33180	Mailing Address 2875 NE 191 STREET #702B AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box # 1800 Eller Drive Suite Apt. #, etc. 222	3. Mailing Address 1800 Eller Drive Suite Apt. #, etc. 222
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City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL	4. FEI Number 65-1152973	Applied For Not Applicable
Zip 33316	Country USA	Zip 33316	Country USA

6. Name and Address of Current Registered Agent GALANTER, YALE L ESQ. 525 S. ANDREWS AVE. FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Same as in box 6 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

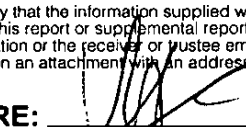
SIGNATURE:  DATE: 4/24/07

Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCKER, VALERIE A 2875 NE 191 ST. #402 AVENTURA, FL 33180 1800 Eller Drive, 222 Fort Lauderdale, FL 33316	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 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:  DATE: 4/24/07 DAYTIME PHONE #: 954-527-3334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR