

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000071017

1. Entity Name

ZIGGY & CHARLIE, INC.



Principal Place of Business

**2422 N. FEDERAL HWY.
FT. LAUDERDALE FL 33305**

Mailing Address

**10311 NW 18 DR
PLANTATION FL 33322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0728016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SABLOFF, FREDERIC W
10311 NW 18 DR
PLANTATION FL 33322**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

**P
SABLOFF, FREDERIC W
10311 NW 18 DR
PLANTATION FL 33322**

TITLE NAME ☐ Delete

**S
DECKER, FAY I
10311 NW 18 DR
PLANTATION FL 33322**

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

**U00000330349
04/25/05-80151-011 150.00**

TITLE NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP

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TITLE NAME ☐ Change ☐ Addition

TITLE
NAME
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CITY- ST- ZIP

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 reports 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 #

Fred Sabloff, Pres.

4/20/05

954-537-0100