

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # P03000063407

1. Entity Name

MATTHEW C. KOTZEN, P.A.



04-07-2006 90044 021 \*\*\*150.00

Principal Place of Business

1909 TYLER STREET, SUITE 307  
HOLLYWOOD FL 33020

Mailing Address

1909 TYLER STREET, SUITE 307  
HOLLYWOOD FL 33020



2. Principal Place of Business

1300 NW 167 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 1

City & State

Miami Gardens, FL

Zip

33165

Country

US

Zip

Country

4. FEI Number

20-0040324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

KOTZEN, MATTHEW C  
1909 TYLER STREET, SUITE 307  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name Matthew C. Kotzen, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
1300 NW 167 Street  
Suite 1  
City Miami Gardens FL Zip Code 33165

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 reconstituting)

DATE

4/3/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 D ☐ Delete  
NAME KOTZEN, MATTHEW C  
STREET ADDRESS 1909 TYLER STREET STE 307  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition  
NAME Matthew C Kotzen  
STREET ADDRESS 1300 NW 167 Street, Suite 1  
CITY-ST-ZIP Miami Gardens, FL 33165

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Matthew C Kotzen

4/3/06

305 650 9123

Date

Daytime Phone #