



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90082 029 ***158.75

DOCUMENT # P04000084746 1. Entity Name WILLIAM C. ZALMAN, P.A.						
Principal Place of Business 11460 NW 30TH ST. SUNRISE, FL 33323			Mailing Address 11460 NW 30TH ST. SUNRISE, FL 33323			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State Zip Country		City & State Zip Country		4. FEI Number 74-3124017		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable		
<div style="display: flex; justify-content: space-between;"> 01312007 Chg-P CR2E034 (12/06)  </div>						
6. Name and Address of Current Registered Agent BRUCKNER, MITCHELL W 4992 NORTH PINE ISLAND RD. LAUDERHILL, FL 33351			7. Name and Address of New Registered Agent Name Mitchell W. Bruckner, CPA, PA Street Address (P.O. Box Number is Not Acceptable) 4300 N. University Drive, Ste A-16 City Lauderhill FL Zip Code 33351			
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 <u><i>William C. Zalman CPA PA, Mitchell W. Bruckner CPA</i></u> DATE <u>1/31/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZALMAN, WILLIAM C 11460 NW 30TH ST. SUNRISE, FL 33323		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>William C. Zalman President</i></u>			1/31/07		954-701-2118	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	