

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091847

FILED
Jan 24, 2009
Secretary of State

Entity Name: IVAN A ZIGLER P.A.

Current Principal Place of Business:

7000 WEST PALMETTO PARK ROAD
SUITE 500
BOCA RATON, FL 33433 US

New Principal Place of Business:

10585 WALNUT VALLEY DRIVE
BOYNTON BEACH, FL 33473 US

Current Mailing Address:

10585 WALNUT VALLEY DR.
BOYNTON BEACH, FL 33473

New Mailing Address:

10585 WALNUT VALLEY DRIVE
BOYNTON BEACH, FL 33473 US

FEI Number: 20-3065368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARS & ASSOCIATES INC.
20810 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZIGLER, IVAN A
Address: 7000 WEST PALMETTO PARK ROAD, SUITE 500
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZIGLER, IVAN A
Address: 10585 WALNUT VALLEY DRIVE
City-St-Zip: BOYNTON BEACH, FL 33473 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVAN A. ZIGLER

PRES

01/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date