

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

08-10-2007 90047 011 \*\*\*150.00

**DOCUMENT # P06000035852**



1. Entity Name  
**JUSTIN S. ZIMMERMAN, P.A.**

Principal Place of Business  
**2737 EAST OAKLAND PARK BVD  
SUITE 203  
FORT LAUDERDALE, FL 33306**

Mailing Address  
**2737 EAST OAKLAND PARK BVD  
SUITE 203  
FORT LAUDERDALE, FL 33306**

**60054540**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08082007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ZIMMERMAN, JUSTIN S  
2737 EAST OAKLAND PARK BVD  
SUITE 203  
FORT LAUDERDALE, FL 33306**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS             | CITY-ST-ZIP               | <input type="checkbox"/> Delete |
|-------|---------------------|----------------------------|---------------------------|---------------------------------|
| P     | ZIMMERMAN, JUSTIN S | 2737 EAST OAKLAND PARK BVD | FORT LAUDERDALE, FL 33306 | <input type="checkbox"/>        |
|       |                     |                            |                           | <input type="checkbox"/>        |
|       |                     |                            |                           | <input type="checkbox"/>        |
|       |                     |                            |                           | <input type="checkbox"/>        |
|       |                     |                            |                           | <input type="checkbox"/>        |
|       |                     |                            |                           | <input type="checkbox"/>        |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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:**

*Justin Zimmerman, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/07/2007  
Date

561-404-7445  
Daytime Phone #

ATTACHMENT

60034510

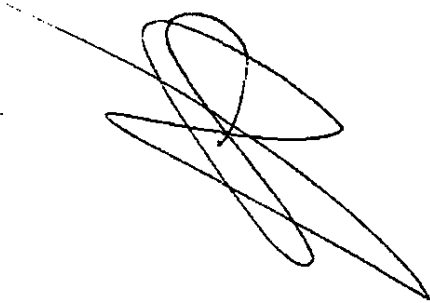
08/08/2007

To whom it may concern:

# 006000035852

Please accept this payment of \$150.00 for my annual business report filing fee. I did not get any notice that it was due and only learned of the delinquency via the "Notice to Dissolve" postcard that was sent to me. Please contact me if you have question.

Sincerely,



, President

Justin Zimmerman  
Justin S. Zimmerman, P.A.  
(561)-404-7445