


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000093580	
1. Entity Name ZUCKERSEN DESIGN COMPANY	

Principal Place of Business 9840B CLUSIA TREE DRIVE BOYNTON BEACH, FL 33436 US	Mailing Address 9840B CLUSIA TREE DRIVE BOYNTON BEACH, FL 33436 US
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 12-6389114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZUCKERMAN, DAVID
9840B CLUSIA TREE DRIVE
BOYNTON BEACH, FL 33436**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	ZUCKERMAN, DAVID 9840B CLUSIA TREE DRIVE BOYNTON BEACH, FL 33436
TITLE VP	MADSEN, JUDITH 9840B CLUSIA TREE DRIVE BOYNTON BEACH, FL 33436
TITLE 	
TITLE 	
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TITLE 	

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01/07/08-80008-002 150.00

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: David J. Zuckerman 1-6-08 561 364 7523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #