


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P96000041890 1. Entity Name SAUL L. ZINER, P.A. |  |
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| Principal Place of Business 8216 CYPRESS POINT ROAD WEST PALM BEACH, FL 33412 US | Mailing Address 8216 CYPRESS POINT ROAD WEST PALM BEACH, FL 33412 US |
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DO NOT WRITE IN THIS SPACE



01262007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0670462 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent RUBIN, STEVEN D 980 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33432 |
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DO NOT WRITE IN THIS SPACE

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 is required when re-appointing) DATE _____

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZINER, SAUL L 8216 CYPRESS POINT ROAD WEST PALM BEACH, FL 33412 |
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02/14/07-80053-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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:  **SAUL L. ZINER** **2/5/07** **561-627-6576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #