

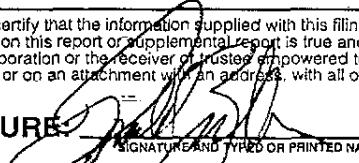


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000005492		
1. Entity Name DONALD M. ZUCKER, INC.		
Principal Place of Business 6216 NO. FEDERAL HWAY FT LAUDERDALE, FL 33308		Mailing Address 6216 NO. FEDERAL HWAY FT LAUDERDALE, FL 33308
DO NOT WRITE IN THIS SPACE		
		
01042005 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0808803		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		
ZUCKER, DONALD M 7554 SAN PEDRO ST BOYNTON BEACH, FL 33437		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
TITLE	D	
NAME	ZUCKER, DONALD M	
STREET ADDRESS	7554 SAN PEDRO ST	
CITY- ST- ZIP	BOYNTON BEACH, FL 33437	
TITLE	D	
NAME	ZUCKER, BEVERLY	
STREET ADDRESS	7554 SAN PEDRO	
CITY- ST- ZIP	BOYNTON BEACH, FL 33437	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 		Donald Zucker 1/4/05 934-267-9103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #