


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # P99000063604 1. Entity Name THE ZEIGER CORP.	
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Principal Place of Business 6950 NORTHWEST 77 COURT MIAMI, FL 33166 US	Mailing Address C/O MR. SOLOMON TERNER P.O. BOX 520687 MIAMI, FL 33152 US
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DO NOT WRITE IN THIS SPACE



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0934234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAYSON, MOISES T
25 S.E. 2ND AVE.
SUITE 730
MIAMI, FL 33131**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALOMON, TERNER 6950 NW 77 CT MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TERNER, ROSA 6950 NW 77 CT MIAMI, FL 33166
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04/13/07-80013-015 150.00

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:  **3/27/07** **305-266-9000**

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