

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # V57021**

1. Entity Name  
**LOUIS L. ZALL PROFESSIONAL ASSOCIATION**



Principal Place of Business  
**8320 W SUNRISE BLVD  
SUITE 210  
PLANTATION, FL 33322 US**

Mailing Address  
**8320 W SUNRISE BLVD  
SUITE 210  
PLANTATION, FL 33322 US**

**DO NOT WRITE IN THIS SPACE**



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0351614** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ZALL,  
8320 W SUNRISE BLVD  
SUITE 210  
FT. LAUDERDALE, FL 33322**

**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 required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**000000091623  
03/18/04-80016-013 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **ZALL, LOUIS L.**  
STREET ADDRESS **8320 W SUNRISE BLVD, SUITE 210**  
CITY - ST - ZIP **PLANTATION, FL 33320**

TITLE  
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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.

SIGNATURE: *[Signature]*

**LOUIS L ZALL**

**3-15-04**

**954 582 0011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #