


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90029 022 \*\*\*150.00

**DOCUMENT # P01000004096**

1. Entity Name  
**MALCOLM BERKO, INC.**



Principal Place of Business      Mailing Address

3101 N FEDERAL HWY #302      3101 N FEDERAL HWY #302  
 FT LAUDERDALE, FL 33306      FT LAUDERDALE, FL 33306

**DO NOT WRITE IN THIS SPACE**



01202004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1067996      Not Applicable

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

6. Name and Address of Current Registered Agent

GROSSMAN, JEFFREY  
 3101 N FEDERAL HWY #302  
 FT LAUDERDALE, FL 33306

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

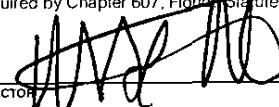
9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKO, MALCOLM 3101 N FEDERAL HWY #302 FT LAUDERDALE, FL 33306
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MALCOLM BERKO**       Date: **1-28-09**      Daytime Phone #: **561-361-1821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR