


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 25 PM 2:41

DOCUMENT # P06000067057					
1. Entity Name BERMAN REALTY ENTERPRISES, INC					
Principal Place of Business 6731 DONALD ROSS ROAD PALM BEACH GARDENS, FL 33418 US			Mailing Address P.O. BOX 30128 PALM BEACH GARDENS, FL 33420 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06242008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-4873131 Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BERMAN, ROBERT A 6731 DONALD ROSS ROAD PALM BEACH GARDENS, FL 33418			Name JOANNE F. BERMAN Street Address (P.O. Box Number is Not Acceptable) 6731 DONALD ROSS RD City PALM BEACH GARDENS FL Zip Code 33418		
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 Joanne F. Berman		SIGNATURE Joanne F. Berman		DATE 6/24/08	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input checked="" type="checkbox"/> Delete NAME BERMAN, ROBERT A STREET ADDRESS 6731 DONALD ROSS ROAD CITY-ST-ZIP PALM BEACH GARDENS, FL 33418			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	600131812886 06/27/08--01030--013 **70.00	
TITLE VP <input type="checkbox"/> Delete NAME BERMAN, JOANNE F STREET ADDRESS 6731 DONALD ROSS ROAD CITY-ST-ZIP PALM BEACH GARDENS, FL 33418			TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: Joanne F. Berman		SIGNATURE: Joanne F. BERMAN		DATE: 6/24/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

6/25/08