


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000026160
 1. Entity Name
HAROLD P. BERNSTEIN MANAGEMENT, INC.



Principal Place of Business 220 SUNRISE AVENUE STE. 201 PALM BEACH, FL 33480	Mailing Address 220 SUNRISE AVENUE STE. 201 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0821127	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GORDON, LEE B
 350 ROYAL PALM WAY STE. 403
 PALM BEACH, FL 33480

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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 _____
Signature, typed or printed name of registered agent and file 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

U00000077903
 03/08/04-80006-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERNSTEIN, HAROLD P 220 SUNRISE AVENUE STE. 201 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERNSTEIN, HELEN K 220 SUNRISE AVENUE STE. 201 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERNSTEIN, JAY H 220 SUNRISE AVENUE STE. 201 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERNSTEIN, GENE M 220 SUNRISE AVENUE STE. 201 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Harold P. Bernstein Harold P. Bernstein 2-17-04 (562) 832-2445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #