


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # V09081**  
 1. Entity Name  
**DERN CAPITAL MANAGEMENT CORPORATION**



Principal Place of Business <b>7777 GLADES ROAD          207A          BOCA RATON, FL 33434</b>	Mailing Address <b>7777 GLADES ROAD          207A          BOCA RATON, FL 33434</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0316736</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DERN, ALVIN  
 7777 GLADES ROAD  
 207A  
 BOCA RATON, FL 33434**

**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	S/T
NAME	DERN, ALVIN
STREET ADDRESS	6745 WOODBRIDGE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	DERN, ALVIN
STREET ADDRESS	6745 WOODBRIDGE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	P
NAME	DERN, MARK R
STREET ADDRESS	4417 WOODFIELD BLVD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	DERN, MARK R
STREET ADDRESS	4417 WOODFIELD BLVD
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000621372  
 02/12/07-80014-010 158.75

**DO NOT WRITE IN THIS SPACE**

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: ALVIN DERN *ALVIN DERN* **1/23/07** **561 883 0740**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #