2004 FOR PROFIT CORPORATION

Jan 12, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # 347644** 1. Entity Name GEORGE BERNSTEIN ASSOCIATES, INC. Principal Place of Business Mailing Address 7550 SW 57 AVE 7550 SW 57 AVE SUITE 119 SUITE 119 S MIAMI, FL 33143 \$ MIAMI, FL 33143 01052004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1263097 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BERNSTEIN, GEORGE DO NOT WRITE 7550 SW 57 AVE **SUITE 119** IN THIS SPACE S MIAMI, FL 33143 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 regulred when minerating) DÁTE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BERNSTEIN, GEORGE NAME 7301 SW 115TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL *U000000002713* 01/13/04-80023-019 150.00 VSD TITLE BERNSTEIN, SCOTT NAME STREET ADDRESS 617 SABAL PALM ROAD CITY-ST-ZIP MIAMI, FL 33137 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 a ther like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2004

FILED