2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 584829 1. Entity Name BERGER EPSTEIN & GARBER, P.A. Principal Place of Business 4651 SHERIDAN STREET 300 HOLLYWOOD, FL 33021 Mailing Address 4651 SHERIDAN STREET 300 HOLLYWOOD, FL 33021

FILED
Apr 21, 2008 08:00 Al
Secretary of State

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DO NOT WRITE IN		N THIS SPAC	CF .	04162008	No Chg-P	CR2E034	1 (11/05)
				4. FEI Number59-18475. Certificate o			Applied For Not Applicable 8.75 Additional ee Required
	6. Name and Address of Current Regi			٠,			
GARBER, CECELIA A 4651 SHERIDAN STREET #300 HOLLYWOOD, FL 33021					NOT W HIS SP		
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 required when reinstating)							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	ncing \$5.	.00 May Be ed to Fees	- 05/05/0 8	90011-6	:13 150.00 	
10.	OFFICERS AND DIRE	CTORS	, ,	*	,	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGER, MORRIS I. 2600 ISLAND BLVD, #2403 AVENTURA, FL 33160		;			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EPSTEIN, LAWRENCE 3700 ISLAND BLVD AVENTURA, FL 33160			•		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARBER, CECELIA 10721 SANTA FE DR COOPER CITY, FL 33026			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SF	ACE	
NAME STREET ADDRESS CHY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					State Constant	further a position	that the information

12. Thereby 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 true 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/0

154-342-5400

Daytime Phone #