

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 592345**

1. Entity Name

LERNER AND GREENBERG, P.A.



Principal Place of Business

2445 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

Mailing Address

P.O. BOX 2480  
HOLLYWOOD, FL 33022-2480 US



02042008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-1859993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GREENBERG, LAURENCE A  
2445 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST  
NAME GREENBERG, LAURENCE A  
STREET ADDRESS 925 N. NORTHLAKE DRIVE  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE VP  
NAME STEMER, WERNER H  
STREET ADDRESS 1008 SW 5TH PLACE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE VP  
NAME LOCHER, RALPH E  
STREET ADDRESS 11052 TOPEKA PLACE  
CITY-ST-ZIP COOPER CITY, FL 33026

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000818317  
02/15/08-80037-012 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #