
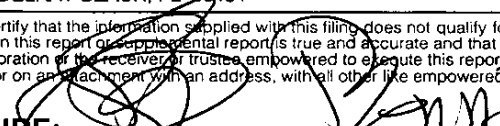


FILED
Mar 28, 2008 8:00 am
Secretary of State

40052895

DOCUMENT # 744903				03-28-2008 90019 006 ***61.25	
1. Entity Name BURGUNDY J ASSOCIATION, INC.		Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US		Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PRK OF COMMERCE BLVD BOCA RATON, FL 33487 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40052895	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1910561	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURGUNDY J ASSOCIATION BERNSTEIN, ANNIE 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINSTEIN, BENNETT		NAME		
STREET ADDRESS	440 BURGUNDY J, KINGS POINT		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, ETHEL		NAME		
STREET ADDRESS	459 BURGUNDY J		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNLIEB, SYLVIA		NAME		
STREET ADDRESS	KINGS PT. BURGUNDY J 451		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRANIS, MALVINA		NAME	PRANIS, MALVINA	
STREET ADDRESS	461 BURGUNDY J		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, MIRIAM		NAME		
STREET ADDRESS	446 BURGUNDY J		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOL, SIMONCINI		NAME	FEIBUS, ESTELLE	
STREET ADDRESS	466 BURGUNDY J		STREET ADDRESS	441 BURGUNDY J	
CITY - ST - ZIP	DELRAY BEACH, FL 33484		CITY - ST - ZIP	DELRAY BEACH, FL	
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 617, 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:  2/15/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					