

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000005571

1. Entity Name
SAMUEL M BERMAN COMPANY, INC.



Principal Place of Business
250 WEST 57TH ST., STE. 1011
NEW YORK, NY 10107

Mailing Address
250 WEST 57TH ST., STE. 1011
NEW YORK, NY 10107

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3527606

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301

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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 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

1000000532650
01/19/07-80071-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERMAN, MIRIAM E.
STREET ADDRESS	250 WEST 57TH ST., STE. 1011
CITY-ST-ZIP	NEW YORK, NY 10107
TITLE	VS
NAME	BERMAN, PATRICIA A.
STREET ADDRESS	250 WEST 57TH ST., STE. 1011
CITY-ST-ZIP	NEW YORK, NY 10107
TITLE	T
NAME	BERMAN, ALAN S.
STREET ADDRESS	250 WEST 57TH ST., STE. 1011
CITY-ST-ZIP	NEW YORK, NY 10107
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 titles empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07 2127656060
Date Daytime Phone