
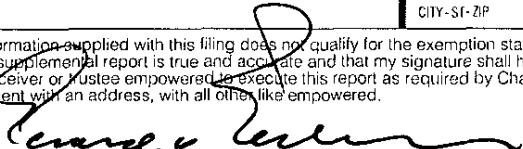


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90025 015 \*\*\*150.00

<b>DOCUMENT # F96000003594</b> 1. Entity Name <b>BERBERIAN &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>100 E. LINTON BLVD., STE. 300A LINTON TOWERS DELRAY BEACH, FL 33483</b>		Mailing Address <b>100 E. LINTON BLVD., STE. 300A LINTON TOWERS DELRAY BEACH, FL 33483</b>	
2. Principal Place of Business <b>100 E. Linton Blvd</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. <b>Linton Towers, Ste. 402A</b>		Suite, Apt. #, etc. <b>Same</b>	
City & State <b>Delray Beach, FL</b>		City & State <b>Same</b>	
Zip <b>33483</b>		Zip <b>Same</b>	
Country 		Country 	
4. FEI Number <b>04-2602231</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PIASTUCK, RICHARD A. 100 E. LINTON BLVD., STE. 300A DELRAY BEACH, FL 33483</b>		7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 E. Linton Blvd., Ste. 402A</b> City <b>Same</b>	
FL		Zip Code <b>33483</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT BERBERIAN, GERARD H 59 WILLIAM ST. ANDOVER, MA 01810	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BARNES, CHRISTINE A 26 SHANNON ROAD SALEM, NH 03079	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.			
SIGNATURE: 		Date <b>3/18/04</b> Daytime Phone <b>978 689 0155</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

24019302

