

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G16766

FILED
Apr 06, 2006
Secretary of State

Entity Name: BERMAN & BERMAN,P.A.

Current Principal Place of Business:

% DAVID M. BERMAN, ESQ.
9560 SW 107TH AVE. SUITE 208
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

% DAVID M. BERMAN, ESQ.
9560 SW 107TH AVE. SUITE 208
MIAMI, FL 33176

New Mailing Address:

FEI Number: 59-2246994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMAN, DAVID M., ESQ.
12180 SW 92 AVE
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BERMAN, DAVID M,
Address: 12180 S.W. 92ND AVENUE
City-St-Zip: MIAMI, FL

Title: BVP () Delete
Name: BERMAN, PAUL
Address: 11771 SW 94 ST
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BVP (X) Change () Addition
Name: BERMAN, PAUL
Address: 7985 SW 135 STREET
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M BERMAN

OFFI

04/06/2006

Electronic Signature of Signing Officer or Director

_____ Date