

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90078 003 \*\*\*150.00

**DOCUMENT # G37779**

1. Entity Name

**R. BERMAN & ASSOCIATES, INCORPORATED**



Principal Place of Business

201 ALHAMBRA CIR  
SUITE 501  
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIR  
SUITE 501  
CORAL GABLES FL 33134  
US

2. Principal Place of Business

3. Mailing Address

2801 PONCE DE LEON BLVD

P.O. BOX 140968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 650

City & State

CORAL GABLES, FLA

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33114

Country

USA

4. FEI Number

59-2283983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMAN, ROBERT  
201 ALHAMBRA CIR  
SUITE 201  
CORAL GABLES FL 33134

Name

ROBERT BERMAN

Street Address (P.O. Box Number is Not Acceptable)

STE 650

2801 PONCE DE LEON BLVD

City

CORAL GABLES FL

Zip Code

33134

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

*Robert Berman*

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

(NOTE: Registered Agent signature required when reinstating)

4/2/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME Berman, Robert  
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 501  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE DP ☒ Change ☐ Addition  
NAME ROBERT BERMAN  
STREET ADDRESS 2801 PONCE DE LEON BLVD STE 650  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SD ☐ Delete  
NAME Berman, Patricia  
STREET ADDRESS 201 ALHAMBRA CIRCLE SUITE 501  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE SD ☒ Change ☐ Addition  
NAME PATRICIA BERMAN  
STREET ADDRESS 2801 PONCE DE LEON BLVD STE 650  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robert Berman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/04

Date

305-461-5600

Daytime Phone #

X214