


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90066 047 \*\*\*150.00

<b>DOCUMENT # G37779</b>	
1. Entity Name <b>R. BERMAN &amp; ASSOCIATES, INCORPORATED</b>	

Principal Place of Business <b>2801 PONCE DE LEON BLVD SUITE 650 CORAL GABLES, FL 33134</b>	Mailing Address <b>P.O. BOX 140968 CORAL GABLES, FL 33114 US</b>
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2. Principal Place of Business - No P.O. Box # <b>100 MIRACLE MILE</b>	3. Mailing Address
Suite, Apt. #, etc. <b>SUITE 310</b>	Suite, Apt. #, etc.
City & State <b>CORAL GABLES FLA</b>	City & State
Zip <b>33134</b>	Country <b>DADE</b>



03282007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-2283983</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BERMAN, ROBERT: STE 650 2801 PONCE DE LEON BLVD CORAL GABLES, FL 33134</b>	7. Name and Address of New Registered Agent Name <b>ROBERT BERMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 MIRACLE MILE SUITE 310</b> City <b>CORAL GABLES FL</b> Zip Code <b>33134</b>
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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* DATE *3/29/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERMAN, ROBERT 2801 PONCE DE LEON BLVD STE 650 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERMAN, ROBERT 100 MIRACLE MILE STE 310 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERMAN, PATRICIA 2801 PONCE DE LEON BLVD STE 650 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERMAN, PATRICIA 100 MIRACLE MILE STE 310 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 like empowered.

SIGNATURE: *Robert Berman* **ROBERT BERMAN** **305-461-5600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3/29/07* Daytime Phone #