



FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # G37779			
1. Entity Name R. BERMAN & ASSOCIATES, INCORPORATED			
Principal Place of Business 100 MIRACLE MILE SUITE 310 CORAL GABLES, FL 33134		Mailing Address P.O. BOX 140968 CORAL GABLES, FL 33114 US	
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>			
		<div style="text-align: center;"></div> <div>03302008 No Chg-P CR2E034 (11/05)</div>	
		4. FEI Number 59-2283983	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERMAN, ROBERT 100 MIRACLE MILE SUITE 310 CORAL GABLES, FL 33134		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>	
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) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP BERMAN, ROBERT 100 MIRACLE MILE STE 310 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD BERMAN, PATRICIA 100 MIRACLE MILE STE 310 CORAL GABLES, FL 33134	
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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: <i>Robert Berman</i>		4/12/08 305 665-4917	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	