


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # G77495

1. Entity Name
STERNBERG & STERNBERG, P.A.



Principal Place of Business Mailing Address

8333 W. MC NAB ROAD **8333 W. MC NAB ROAD**
227 **227**
TAMARAC, FL 33321 US **TAMARAC, FL 33321 US**

DO NOT WRITE IN THIS SPACE



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2350283	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERNBERG, BERNARD
8333 W. MC NAB ROAD
227
TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS STERNBERG, BERNARD 8333 W. MC NAB ROAD 227 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STERNBERG, RHONDA M 8333 W MCNAB RD., 227 TAMARAC, FL 33321
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/16/07-80040-019 158.75

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: *Rhonda M. Sternberg* **Rhonda M. STERNBERG U.P.** 4/6/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #