
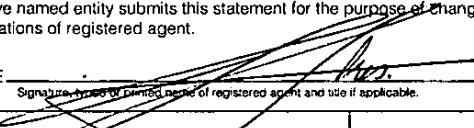
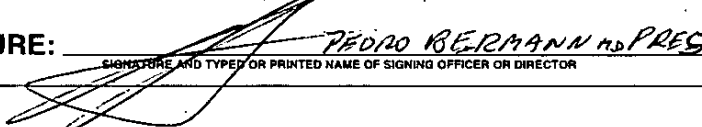


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90305 008 \*\*\*150.00

DOCUMENT # H88513			
1. Entity Name PEDRO F. BERMAN, INC.			
Principal Place of Business 2131 NE 202 ST N MIAMI BEACH, FL 33179		Mailing Address 2131 NE 202 ST N MIAMI BEACH, FL 33179	
2. Principal Place of Business <i>2600 Island Blvd</i>		3. Mailing Address <i>2600 Island Blvd</i>	
Suite, Apt. #, etc. <i># 1505</i>		Suite, Apt. #, etc. <i># 1505</i>	
City & State <i>AVENTURA FL</i>		City & State <i>AVENTURA FL</i>	
Zip <i>33160</i>	Country <i>USA</i>	Zip <i>33160</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent  STONE, DAVID E. 2131 NE 202 ST. MIAMI, FL 33179		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2600 ISLAND BLVD APT 1505</i> City <i>AVENTURA</i> FL Zip Code <i>33160</i>	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	STONE, DAVID E. <input type="checkbox"/> Delete	TITLE <i>DAVID E STONE, D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <del>2131 NE 202 ST</del>	MIAMI, FL 33179	STREET ADDRESS <i>2600 ISLAND BLVD APT 1505</i>	
CITY-ST-ZIP <del>MIAMI, FL 33179</del>		CITY-ST-ZIP <i>AVENTURA FL 33160</i>	
TITLE P	BERMAN, PEDRO F. <input type="checkbox"/> Delete	TITLE <i>PEDRO BERMAN, P</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <del>2131 NE 202 ST</del>	MIAMI, FL 33179	STREET ADDRESS <i>2600 ISLAND BLVD APT 1505</i>	
CITY-ST-ZIP <del>MIAMI, FL 33179</del>		CITY-ST-ZIP <i>AVENTURA FL 33160</i>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.			
SIGNATURE: 		DATE: <i>1/18/05</i> Daytime Phone #: <i>305 9351440</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>PEDRO BERMAN, PRES.</i>			

50042543



01182005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2610137 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required