

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90211 038 ***150.00

DOCUMENT # K60317	
1. Entity Name BRUCE D. BERGER, P.A.	

Principal Place of Business 2875 SO OCEAN BLVD STE 200 PALM BEACH, FL 33480 US	Mailing Address 2875 SO OCEAN BLVD STE 200 PALM BEACH, FL 33480 US
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2. Principal Place of Business - No P.O. Box # 1601 BELVEDERE RD	3. Mailing Address 1601 BELVEDERE RD.
Suite, Apt. #, etc. St. 106 E	Suite, Apt. #, etc. St. 106 E

City & State WEST PALM BEACH	City & State WEST PALM BEACH
Zip 33406	Country US
Zip 33406	Country US



04232007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0157605	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOSWELL, DON R ESQ. 2875 S. OCEAN BLVD. STE 200 PALM BEACH, FL 33480
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7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1601 BELVEDERE RD. St. 106 E City WEST PALM BEACH FL Zip Code 33406
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, BRUCE D. 2875 S OCEAN BLVD STE 200 PALM BEACH, FL 33480 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 1601 BELVEDERE RD. St. 106 E WEST PALM BEACH, FL 33406 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Bruce D. Berger	Date: 4/23/07	Daytime Phone #: 828 779-9362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRUCE D. BERGER		