2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 08:00 AM Secretary of State

| ANNUAL REPORT | | | | Feb 14, 2008 08:00 | | | |
|---|---|---------------------------------------|----------------------------|-------------------------------|-----------------------------|------------------------------|---------------------------|
| DOCUMENT # M22538 1. Enlity Name | | | | | | Secretar | y of Sta |
| LAW OFFICES OF JACK G. BERNSTEIN, P.A. | | | | | | | |
| Principal Place | e of Business | Mailing Address | | } | | | |
| 15055 SW 12 | | 15055 SW 122 STREET | | i | | | |
| MIAMI, FL 33 | 2100 | MIAMI, FL 33186 | | 4.55 | | , PIRM PIEM CARD SIEM CO. | II NISIINNI II INSI |
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| _ | | • • | 01302008 | No Chg-P | CR2E034 (11/ | 05) | |
| DO NOT WRITE IN THIS SPA | | | CE | 4. FEI Numb | | | Applied For |
| | | | | 59-261 | | \$8.75 | Not Applicable Additional |
| ļ <u></u> | | | | 5. Certificate | of Status Desired | Fee Req | |
| | 6. Name and Address of Current Reg | istered Agent | | · . | | management in an array or | ٠ |
| MARYANOFF, NEIL I. | | | ļ | DO | NOT W | RITE | |
| 15055 SW 122 STREET | | | IN THIS SPACE | | | | |
| | | | | IEM | inis sr | ACE | ! |
| 8. The above the obligati | named entity submits this statement for the ions of registered agent. | purpose of changing its register | red office or registe | ered agent, or bo | oth, in the State of Flo | rida. I am familiar v | with, and accept |
| SIGNATURE_ | • - | | | | , | • | |
| Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registere | | | ed Agent signature require | id when reinstating) | , | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | | 5.00 May Be ded to Fees | | | |
| 10. OFFICERS AND DIRECTORS | |] | | <u> </u> | | | |
| TITLE NAME | PST BERNSTEIN, JACK G. | | | | | | |
| STREET ADDRESS | 15055 SW 122 STREET | 1 | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33186 | | 4 | | • | | • |
| TITLE . | | | | | | | |
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| , TITLE NAME | | | | | | | ! |
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| CITY-ST-ZIP | | | | | | | , |
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| STREET ADDRESS |] | | 1 | | | | |
| TITLE | | · · · · · · · · · · · · · · · · · · · | 1 | | | | ! |

12. I hereby certify that the information supplied with this filling 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 live 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 frustee 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.

CICHATURE

NAME . STREET ADDRESS

SIGNATURE AND TYPES OR PRINTED

SIGNING OFFICER OR DIRECTOR

-110

Day In Market