2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000115678

1. Entity Name
NEURINGER MANAGEMENT, INC.

Principal Place of Business

500 THREE ISLANDS BOULEVARD

SUITE 1203

HALLANDALE, FL 33009

Mailing Address

500 THREE ISLANDS BOULEVARD

SUITE 1203

HALLANDALE, FL 33009



FILED

Feb 03, 2004 08:00 AM Secretary of State

01222004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1061939 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, BERNARD A 4925-A SHERIDAN STREET HOLLYWOOD, FL 33021

SIGNATURE:

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			IN THIS OF AGE			
	named entity submits this statement for the poons of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bu	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	1 applicable (NOTE Registered	Agent signatur	o required when roinstating)	DATE	
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financ Trust Fund Contribution,	oling 🔲	\$5.00 May Be Added to Fees	000000033156 02/05/04-80032-005 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CRY-ST-ZIP	D NEURINGER, SAM 500 THREE ISLANDS BOULEVARD S HALLANDALE, FL 33009	UITE 1203				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEURINGER, ELAINE 500 THREE ISLANDS BOULEVARD SUITE 1203 HALLANDALE, FL 33009			DO NOT WRITE		
tifle Name Street address City-St-Zip						
TRLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS 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 each; that I am an officer or director of the corporation or the receiper 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.						

ME OF SIGNING OFFICER OR DIRECTOR