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Aug 29, 2005 8:00 am
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08-08-2005 90044 040 ***150.00
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000025311

1. Entity Name
IRA W. BERMAN & ASSOCIATES, INC.

50063821

Principal Place of Business	Mailing Address
7127 MELROSE CASTLE LANE BOCA RATON, FL 33496	7127 MELROSE CASTLE LANE BOCA RATON, FL 33496

01072005 No Chg-P CR2E034 (10/03)

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4. FEI Number
37-1423363
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERMAN, IRA W
7127 MELROSE CASTLE LANE
BOCA RATON, FL 33496

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9. 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 Ira W Berman Aug 1, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERMAN, IRA W
STREET ADDRESS	7127 MELROSE CASTLE LANE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: Ira W Berman 8/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #