2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000045478

1. Entity Name
SLOTO, GREENBERG & BERK, P.A.

Principal Place of Business	Mailing Address
200 S. BISCAYNE BLVD. 3000 MIAMI, FL 33131	200 S. BISCAYNE BLVD. SUITE 3000 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

01102006   No Chg-P   CR2E034 (11/05)

4. FEI Number 32-0010929	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SLOTO, JAMES R
200 S. BISCAYNE BLVD.
SUITE 3000
MIAMI, FL 33131

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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_____

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, 2006 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000000406546 02/07/06-80092-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLOTO, JAMES
STREET ADDRESS	200 S BISCAYNE BLVD #3000
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	STD
NAME	GREENBERG, BARRY
STREET ADDRESS	200 S BISCAYNE BLVD #3000
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   1/24/06   305-3791792
                                                                       Date   Daytime Phone #