

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000078260

1. Entity Name  
MICHAEL A. BERKE, P.A.



Principal Place of Business  
200 S BISCAYNE BLVD  
40TH FLR  
HOMESTEAD, FL 33031

Mailing Address  
13420 SW 98 COURT  
MIAMI, FL 33176

FILED

04 JAN -9 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0523860

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PENINSULA REGISTERED AGENTS INC  
200 S BISCAYNE BLVD 43FL  
MIAMI, FL 33131-2398

**DO NOT WRITE  
IN THIS SPACE**

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

200027770902  
01/29/04--01030--003 \*\*150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	BERKE, MICHAEL A
STREET ADDRESS	13420 SW 98 COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. BERKE, President, Director

Date

JAN 8 2004

305.517.7028