

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 31, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000119161

1. Entity Name

ELIOT H. BERG, INC.



Principal Place of Business

**9050 PINES BLVD., SUITE 352
PEMBROKE PINES, FL 33024**

Mailing Address

**9050 PINES BLVD., SUITE 352
PEMBROKE PINES, FL 33024**



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number

04-3723611

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERG, ELIOT H
9050 PINES BLVD., SUITE 352
PEMBROKE PINES, FL 33024**

**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

Eliot H. Berg
Signature typed or printed name of registered agent and file # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

03-29-2004

**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**

**000000099332
03/31/04-80004-001 150.00**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME BERG, ELIOT H
STREET ADDRESS 9050 PINES BLVD., SUITE 352
CITY-ST-ZIP PEMBROKE PINES, FL 33024**

**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 exemption stated in Section 119.07(3)(f), 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:

Eliot H. Berg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-29-2004 (954) 885-6841

Daytime Phone #