2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 10, 2008 8:00 am Secretary of State

DOCUMENT # P04000113952 1. Entity Name SCOTT BERGER, P.A.									06-10-200	08 90001	018 ***150	0.00	
Principal Place of Business				Mailing Address				3~-	-				
200 S.E. 6TH STREET			200 S.E. 6TH STREET										
SUITE 303			SUITE 303					ļ					
FT. LAUDERDALE, FL 33301			FT. LAUDERDALE, FL 33301					1 10 2 11 2 11	Antif Bigil Balli Balli	8618) H691 H284		EPI II IBEI	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			1 9	Suite, Apt. #, etc.				05303000	Cha D	CDAE	024 (42(06)		
SUITE 507			SUITE 507					05302008	Chg-P	CRZE	034 (12/06)		
City & State			City & State					4. FEI Number Applied For 20-1460275 Not Applicable					
Zip	Zip Country		 	Zip Coun		try	5 Certificate of Status Desired \$8.75 Addition						
						,	Fee Required						
	6. Name	and Address of Current	Regist					7. Name and Address of New Registered Agent					
EN MOS II	NC.					Name							
FILINGS, INC. 3732 N.W. 16TH STREET						Street Address (P.O. Box Number is Not Acceptable)							
FT. LAUDERDALE, FL 33311-4132													
					City					Zip Code			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
 		-							T				
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Fina Trust Fund Contribution								.00 May Be led to Fees	In accordance corporation	ce with s. 60 did not rece	07.193(2)(b), ive the prior r	F.S., the notice.	
10.								ADDITIONS	/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	PSTD		☐ Delete	TITE	E					Change	☐ Addition		
NAME BERGER, SCOTT STREET ADDRESS 200 S.E. 0111 STREET STE 303					Æ.				^-c	607			
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CITY-ST-ZIP					cm	Y-ST-ZIP	Ļ						
TITLE				Delete	TITL		ļ				Change	Addition	
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STREET ADDRESS		//				REET ADDRESS							
CITY-ST-ZIP		// //			CIT	Y-ST-ZIP							
12. I hereby	certify that th	ne information supplied w	th this	filing does not qualify	for the ex	kemptions c	ontaine	d in Chapter 1	19, Florida Statut	es. I further o	ertify that the	information	
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 eath; that I am an officer or director of the corporation or the exempt 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 attaying that the an address, with all other like empowered.												r or director or Block 11 if	