

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P23004	
1. Entity Name METNICK & BERNSTEIN, P.C.	
Principal Place of Business 91 HAMLET DR COMMACK, NY 11725	Mailing Address 91 HAMLET DR COMMACK, NY 11725



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-2974559	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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Name and Address of Current Registered Agent

METNICK, KENNETH N
 5750 LYNN BLVD SUITE 320
 DELRAY BEACH, FL 33484

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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]* DATE: *3/2/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD METNICK, SEYMOUR H. 17233 HUNTINGTON PARKWAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD METNICK, KENNETH N. 22764 EL DORADO DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/04/05-80022-001 150.00

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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)(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; that I am 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]* DATE: *3/02/05* DAYTIME PHONE #: *561 448 9479*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR