


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90036 011 ***150.00

DOCUMENT # P23004		
1. Entity Name METNICK & BERNSTEIN, P.C.		

Principal Place of Business 91 HAMLET DR COMMACK, NY 11725	5150 Linton Blvd St 320 Delray Beach, FL 33484	Mailing Address 91 HAMLET DR COMMACK, NY 11725	5150 Linton Blvd St 320 Delray Beach, FL 33484
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40101101



03302008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent METNICK, KENNETH N 5150 LINTON BLVD SUITE 320 DELRAY BEACH, FL 33484

**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 _____ DATE _____
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08
Date

561 498 9979
Daytime Phone #