

**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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**DO NOT WRITE IN THIS SPACE**

03302008 No Chg-P CR2E034 (11/05)

4. FEI Number: 13-2974559 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**METNICK, KENNETH N**  
**5150 LINTON 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: \_\_\_\_\_ 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.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

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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: *Seymour H. Metnick* 4/24/08 561 498 9979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #