

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90052 027 ***150.00

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1. Entity Name
BERGER SCHOEN & ASSOCIATES, INC.



Principal Place of Business
**3413 MONEGIO ST
CORAL GABLES, FL 33139**

Mailing Address
**3413 MONEGIO ST
CORAL GABLES, FL 33139**

2. Principal Place of Business
3909 Ponce De Leon

3. Mailing Address
3909 Ponce De Leon

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33143

Country
Dade

Zip
33143

Country
Dade

01142006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0534816

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERGER, JUDITH E.
3413 MONEGIO ST
CORAL GABLES, FL 33139**

7. Name and Address of New Registered Agent

Name
Berger, Judith E.
Street Address (P.O. Box Number is Not Acceptable)
3909 Ponce De Leon

City **Coral Gables** **FL** Zip Code **33143**

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 *x Judith E Berger*

Signature, typed by printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

x 1-26-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BERGER, JUDITH E**
STREET ADDRESS **3413 MONEGIO STREET**
CITY-ST-ZIP **CORAL GABLES, FL 33139**

TITLE **VP** ☐ Delete
NAME **SCHOEN, STEPHEN G**
STREET ADDRESS **3413 MONEGIO STREET**
CITY-ST-ZIP **CORAL GABLES, FL 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Berger, Judith E.**
STREET ADDRESS **3909 Ponce De Leon**
CITY-ST-ZIP **Coral Gables, FL 33143**

TITLE **VP** ☒ Change ☐ Addition
NAME **Schoen, Stephen G.**
STREET ADDRESS **3909 Ponce De Leon**
CITY-ST-ZIP **Coral Gables, FL 33143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *x Judith E Berger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1-26-06

Date

Daytime Phone #