

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90042 032 ***150.00

DOCUMENT # P94000075952

1. Entity Name
BERGER SCHOEN & ASSOCIATES, INC.



Principal Place of Business
**3909 PONCE DE LEON
CORAL GABLES, FL 33143**

Mailing Address
**3909 PONCE DE LEON
CORAL GABLES, FL 33143**

40007343



2. Principal Place of Business - No P.O. Box #
3915 Ponce De Leon

3. Mailing Address
3915 Ponce De Leon

Suite, Apt. #, etc.

01192007 Chg-P CR2E034 (12/06)

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
65-0534816

Applied For
Not Applicable

Zip
33143

Country
U.S.A.

Zip
33143

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGER, JUDITH E
3909 PONCE DE LEON
CORAL GABLES, FL 33143**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 *Judith E Berger*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *01/24/07*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BERGER, JUDITH E**
STREET ADDRESS **3909 PONCE DE LEON**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **3915 Ponce De Leon**
CITY-ST-ZIP **Coral Gables, FL 33143**

TITLE **VP** ☐ Delete
NAME **SCHOEN, STEPHEN G**
STREET ADDRESS **3909 PONCE DE LEON**
CITY-ST-ZIP **CORAL GABLES, FL 33143**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **3915 Ponce De Leon**
CITY-ST-ZIP **Coral Gables, FL 33143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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NAME
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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: *Judith E Berger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #