2008 FOR PROFIT CORPORATION ANNUAL REPORTS(AR)

## Jan 31, 2008 08:00 AM DOCUMENT # P95000013798 1. Entity Name **Secretary of State** BERNIE GREENBERG INC Principal Place of Business Mailing Address 5430-F VENETIA COURT 5430-F VENETIA COURT **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0556768 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, BERNARD Street Address (P.O. Box Number is Not Acceptable) 5430-F VENETIA COURT BOYNTON BEACH FL 33437 City 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. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PRES** ☐ Change Addition TITLE TITLE Deicte GREENBERG, BERNARD NAME NAME STREET ADDRESS U000000808365 STREET ADDRESS 5430-F VENETIA COURT 02/07/08-80046-009 150.00 CITY-ST-7IP **BOYNTON BEACH FL 33437** CITY - ST- ZIP Change ■ Addition TITLE De ete IM F MAME MARAE STREET ADDRESS STREET ADGRESS CITY-ST-ZIP CITY-ST-7/P Change Addition Derete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - \$1 - 212 CITY-ST-ZIP ☐ Da ete THLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP De ete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Deiele ☐ Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer 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 attachagent with an address, with all other like empowered.

SIGNATURE:

FILED