2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 15, 2004 08:00 AM Secretary of State DOCUMENT # P96000040434 1. Entity Name BERNEY & ASSOCIATES, P.A. Principal Place of Business Mailing Address 9700 SOUTH DIXIE HIGHWAY 9700 SOUTH DIXIE HIGHWAY #500 #500 MIAMI, FL 33156 MIAMI, FL 33156 No Chg-P CR2E034 (10/03) 01132004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0664988 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOLAND, BRUCE J DO NOT WRITE 80 SW 8TH STREET STE 1925 IN THIS SPACE MIAMI, FL 33130 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 lamitiat with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FRE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DΡ THLE BERNEY, ROBERT NAME STREET ADDRESS 9700 S DIXIE HWY #500 MIAMI, FL 33156 CITY-ST-ZIP U00000005782 01/16/04-80004-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I), 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 attactment with an address with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
GITY-ST-ZIP

COUNTY SEULE TO VENT BENNE SIGNATURE AND TYPED OR PRINTED YAMBOF SIGNING OFFICER OR DIRECTOR (3/04

305-670-3003

FILED