## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2005 08:00 AM Secretary of State **DOCUMENT # P96000075168** 1. Entity Name ELIHUH. BERMAN, P.A. Principal Place of Business Mailing Address 509 S. MARTIN LUTHER KING JR. AVE. 509 S. MARTIN LUTHER KING JR. AVE. CLEARWATER, FL 33756 CLEARWATER, FL 33756 CR2E034 (10/03) 01152005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3411889 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BERMAN, ELIHU H 509 S. MARTIN LUTHER KING JR. AVE. CLEARWATER, FL 33756 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) U00000190295 01/24/05-80127-019 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE NAME BERMAN, ELIHU H 509 S. MARTIN LUTHER KING JR. AVE. STREET ADDRESS CLEARWATER, FL 33758 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITEF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the Information supplied with this filing 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 attachment with an address, with all other like empowered.

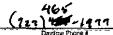
SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1(18/05



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