

# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90065 018 \*\*\*150.00

**DOCUMENT # P97000038609**

1. Entity Name  
**BERNSTEIN MANAGEMENT, INC.**



Principal Place of Business	Mailing Address
<del>5610 S TRAVELERS PALM LANE</del> <del>TAMARAC, FL 33319</del> <b>5500 NW 69TH AVE. APT 479</b> <b>LAUDERHILL, FL 33319-7266</b>	<del>5610 S TRAVELERS PALM LANE</del> <del>TAMARAC, FL 33319</del> <b>SAME</b>

**20022647**



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0752692</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SINGER, BERNARD A**  
**4700 SHERIDAN STREET SUITE B**  
**HOLLYWOOD, FL 33021**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	BERNSTEIN, FLORENCE N
STREET ADDRESS	5610 S TRAVELERS PALM LANE
CITY - ST - ZIP	TAMARAC, FL 33319

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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IN THIS SPACE**

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:** *Florence N Bernstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**FLORENCE BERNSTEIN**