№ 2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P97000084982 1. Entity Name BERNARD STERNBERG, P.A.

Principal Place of Business

8333 W. MCNABB

#227

TAMARAC, FL 33321

Mailing Address

8333 W. MCNABB

#227

DO NOT WRITE IN THIS SPACE

TAMARAC, FL 33321

FILED Apr 11, 2006 08:00 AM Secretary of State



04062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0784203 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERNBERG, RHONDA M 8333 W. MCNAB RD. #227 TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

		}			
	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
	Signature, typed or printed name of registered agent and title if	i applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution	cing 🔲	\$5.00 May Be Added to Fees	000000503214 84/26/06-80025-006 158.75
10.	OFFICERS AND DIREC	TORS			_
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DP STERNBERG, BERNARD 9893 N. GRAND DUKE CIRCLE TAMARAC, FL 33321	-			;
TITCE NAME STREET ADDRESS CITY-ST-ZIP	DST STEENBERG, RHONDA M 8333 W. MCNAB RD. TAMARAC, FL 33321				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
THILE MAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 supplemental report as 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:

CITY-ST-ZIP

RUDNAM OSTERNATERIE

Daytime Phone 6