


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90047 015 ***158.75

DOCUMENT # P97000084982

1. Entity Name
BERNARD STERNBERG, P.A.



Principal Place of Business Mailing Address
8333 W. MCNAB RD #227 TAMARAC, FL 33321 **8333 W. MCNAB RD #227 TAMARAC, FL 33321**

40058706



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
8333 W. MCNAB RD **8333 W. MCNAB RD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#227 **#227**

04042007 Chg-P CR2E034 (12/06)

City & State City & State
TAMARAC FL **TAMARAC FL**

4. FEI Number Applied For
65-0784203 Not Applicable

Zip Country Zip Country
33321 **33321**

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> Delete
NAME	STERNBERG, BERNARD
STREET ADDRESS	9893 N. GRAND DUKE CIRCLE
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	DST <input type="checkbox"/> Delete
NAME	STERNBERG, RHONDA M
STREET ADDRESS	8333 W. MCNAB RD.
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNBERG, RHONDA M.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: Rhonda M. Sternberg VP **RHONDA M. STERNBERG VP** 4/12/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #