


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90032 019 \*\*\*150.00

**DOCUMENT # P97000084982**

1. Entity Name  
**BERNARD STERNBERG, P.A.**



Principal Place of Business Mailing Address

11555 HERON BAY BLVD. 11555 HERON BAY BLVD.  
 SUITE 200 SUITE 200  
 CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40000000



03302008 Chg-P CR2E034 (12/06)

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  
 7802 DIXIE BEACH CIRCLE  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <del>OST</del> → <input type="checkbox"/> Delete STERNBERG, BERNARD 9893 N. GRAND DUKE CIRCLE TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STERNBERG, BERNARD
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <del>OP</del> → <input type="checkbox"/> Delete STERNBERG, RHONDA M 7802 DIXIE BEACH CIRCLE TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY - ST - ZIP	OP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STERNBERG, RHONDA M.
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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 3/31/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #