2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 07, 2008 8:00 am Secretary of State

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DOCUMENT # P98000007708 1. Entity Name BERNSTEIN, MOSKOWITZ, KRAMER AND BENEZRA IPA, INC.						Secreta) 05-07-2008 90	-		
Principal Place	e of Business	Mailing Address							
C/O MARC H AUERBACH 201 S BISCAYNE BLVD, STE-2000 MIAMI, FL 33131 US C/O MARC H AUERBACH 201 S BISCAYNE BLVD, STE-2000 MIAMI, FL 33131 US			-STE-2000) .					1 0 04141 66 1
Principal Place of Business - No P.O. Box # Mailing Address									
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City & State		City & State		4. FEI Numb			- Ap	plied For	
					65-082	9445		No	t Applicable
Złp	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Re	gistered A	\gent	
		~	. 1	Name					
AUERBAC	H, MARC H ESQ.								
2 01-S-BISCAYNE-BLVD				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 200			F	all o.	Discon	he blud.			
MIAMI, FL	33131		۱ '	Suite.	#39¢	00			
				City			FL	Zip Code	3
	named entity submits this statement for	the purpose of changing its	registered (office or register	red agent, or bo	oth, in the State of Flor	ida. Fam t	amiliar with,	and accept
the obligat	ions of registered agent.	a V1				2/5	5/.5		
SICNATURE	More Kente					5/18	108		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Ag	gent signature required	d when reinstating)		DATE		
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12. I hereby certify that the information supplied with this filling 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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

954-455-23PJ