2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: (

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Mar 26, 2004 8:00 am **Secretary of State** DOCUMENT # P98000048141 1. Entity Name 03-26-2004 90043 050 ***150.00 BERMANS SERVICE STATION, INC. Principal Place of Business Mailing Address 04037532 2333 S. ANDREWS AVENUE 2333 S. ANDREWS AVENUE FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0834808 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERMAN, ADAM Street Address (P.O. Box Number is Not Acceptable) 2333 S. ÁNDREWS AVENUE FT. LAUDERDALE FL 33316 City FI 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) > FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERMAN, ALAN NAME NAME 1780 NW 104TH AVENUE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33071 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition BERMAN, CAROLE NAME NAME STREET ADDRESS 1780 NW 10TH AVE STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BERMAN, ADAM NAME STREET ADDRESS 1740 SW 67TH TERR STREET ADDRESS CITY-ST-7IP PLANTATION FL 33317 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BERMAN, DAVID NAME NAME 2333 S. ANDREWS AVENUE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-7/P CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

LAN BERMAN 3-23-04

FILED