


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED

Mar 26, 2008 08:00 AM  
Secretary of State

DOCUMENT # P98000048141	
1. Entity Name BERMANS SERVICE STATION, INC.	

Principal Place of Business 2333 S. ANDREWS AVENUE FT. LAUDERDALE FL 33316	Mailing Address 2333 S. ANDREWS AVENUE FT. LAUDERDALE FL 33316
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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

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  BERMAN, ADAM 2333 S. ANDREWS AVENUE FT. LAUDERDALE FL 33316	
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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

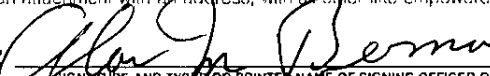
SIGNATURE \_\_\_\_\_  
Signature (Typed or printed name of new registered agent and title (if applicable), (If CTE Registered Agent signature required when not state of)
DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	BERMAN, ALAN
STREET ADDRESS	1780 NW 104TH AVENUE
CITY-ST-ZIP	FT LAUDERDALE FL 33071
TITLE	<input type="checkbox"/> Delete
NAME	BERMAN, CAROLE
STREET ADDRESS	1780 NW 10TH AVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	<input type="checkbox"/> Delete
NAME	BERMAN, ADAM
STREET ADDRESS	1740 SW 67TH TERR
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	<input type="checkbox"/> Delete
NAME	BERMAN, DAVID
STREET ADDRESS	2333 S. ANDREWS AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL 33316
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	U000000870288
STREET ADDRESS	04/09/08-80037-003 150.00
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 Section 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:  3-21-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:199 Month:8