## 2008 FOR PROFIT CORPORATION

FILED 00 AN tate

ANNUAL REPORT				Jan 24, 2008 08: Secretary of S		
DOCUMENT # S15038						
	BERMAN, KARPF & GONZAL	EZ, P.A.				
17071 WES	ce of Business T DIXIE HIGHWAY ACH, FL 33160	Mailing Address 17071 WEST DIXIE HIGHWAY N MIAMI BEACH, FL 33160		-   	54 11001 5 1111 6 640 6 41154 1 <b>0</b> 14	RISU SHRIK BUSU BUSU SUSU BUSU BUSUBBK U 1866
DO NOT WRITE IN THIS SPACE				01092008	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb		Applied For Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Reg	istered Agent				
BERMAN, ANDREW S 17071 WEST DIXIE HIGWHAY				DO	NOT WI	RITE
N MIAMI BEACH, FL 33160				IN <sup>-</sup>	THIS SP	ACE
8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or registe	red agent, or bo	th, in the State of Flori	ida I am familiar with, and accept
SIGNATURE.						
· ————	Signature, typod or printed name of registered agent and tit	e if applicable (NOTE Registere	d Agent signature required	when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	~ ~ ~	.00 May Be ed to Fees		
10.	OFFICERS AND DIRE	CTORS		<u></u>		
NAME	BERMAN, ANDREWS S.					
STREET ADDRESS CITY-ST-2IP	17071 W DIXIE HWY NMB, FL				7,000000	793486 80011-002 150.00
TITLE NAME	V KARPF, MITCHELL				01/25/08~	80011-002 150.00
STREET ADDRESS	17071 W DIXIE HWY					
CITY-ST-ZIP TITLE	NMB, FL		{			
NAME STREET ADDRESS						
CITY-ST-ZIP			}	DO	NOT WI	RITE
TITLE HAME			ı	IN 7	THIS SPA	ACE
STREET ADDRESS						
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·				
NAME						
STREET ADDRESS CITY-ST-ZIP						

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 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 supplied with that I am an officer or director of the corporation or the receiver or tristee 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 attactment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR