

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # V15486 1. Entity Name COHEN, BERKE, BERNSTEIN, BRODIE & KONDELL, P.A.	
---	---

Principal Place of Business 10220 SW 142ND ST MIAMI, FL 33176	Mailing Address 10220 SW 142ND ST MIAMI, FL 33176
---	---

DO NOT WRITE IN THIS SPACE



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0336568	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

COHEN, JEFFREY M C/O CARLTON FIELDS 100 S E SECOND STREET MIAMI, FL 33131
--

**DO NOT WRITE
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating)	DATE _____
--	------------

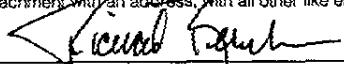
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000100158 03/31/04-80035-009 150.00
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERNSTEIN, RICHARD N. 10200 SW 142ND STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD BRODIE, STEVEN J 10200 SW 142ND STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, JEFFREY M 3628 ST GAUDENS ROAD MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERKE, MICHAEL A 13420 SW 98 CT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KONDELL, KAREN P 2462 BAY ISLE CT WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Richard N. Bernstein, Secretary	March 25, 2004 Date	Daytime Phone #
--	------------------------	-----------------