


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000002957 1. Entity Name GRUPO BERAZA HERMANOS, INC.	
--	---

Principal Place of Business 4135 LAGUNA STREET CORAL GABLES, FL 33146	Mailing Address 4135 LAGUNA STREET CORAL GABLES, FL 33146
---	---

DO NOT WRITE IN THIS SPACE



03292008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2270988	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT, INC.
 5647 110TH AVE. NORTH
 ROYAL PALM BEACH, FL 33411-0000

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERAZA, JOSE MARIA 4135 LAGUNA STREET, SUITE D CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTONIAZZI, PABLO 4135 LAGUNA STREET, SUITE D CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  DATE: 03/29/2008 DAYTIME PHONE #: 305 662 8779