2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 08:00 AM Secretary of State

DOCUMENT	#	K32	880
1. Entity Name			

BERTHE & TEDESCO INC.



Principal Place of Business

Mailing Address

8301 SW 91 STREET MIAMI, FL 33156

8301 SW 91 STREET MIAMI, FL 33156



DO NOT WRITE IN THIS SPACE

03272007	No Chg-P	CR2E	2E034 (11/05)			
4. FEI Number			Applied For			
65-007261	7		Not Applicable			
5. Certificate of St	atus Desired		\$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent

TEDESCO, GLORIA C. 8301 SW 91 STREET

DO NOT WRITE

MIAMI, FL	. 33156			IN 7	THIS SPACE
	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its registered off	ice or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registered Agen	t signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TEDESCO, ROGELIO C. 8301 SW 91 STREET MIAMI, FL 33156				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEDESCO, GLORIA C. 8301 SW 91 STREET MIAMI, FL 33156				U00000705616 04/23/07-80059-011 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TEDESCO, ALEJANDRO A 8301 SW 91 STREET MIAMI, FL 33156			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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.

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NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #