


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # M10607 1. Entity Name BERSIN DEVELOPMENT CORP.	
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Principal Place of Business 2665 S. BAYSHORE DR. #1200 COCONUT GROVE FL 33133-5432	Mailing Address 2665 S. BAYSHORE DR. #1200 COCONUT GROVE FL 33133-5432
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2486310
Suite, Apt #, etc	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent BERKOWITZ, JEFFREY L 2665 S. BAYSHORE DR. #1200 COCONUT GROVE FL 33133	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BERKOWITZ, JEFFREY L. 2665 S.BAYSHORE DR.#1200 COCONUT GROVE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete		
	VPS SINGER, DAVID M 2665 S BAYSHORE DR #1200 COCONUT GROVE FL 33133		<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete		
	CFO SINGER, DAVID M 2665 S. BAYSHORE DR., STE 1200 COCONUT GROVE FL 33133		<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete		
			<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete		
			<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete		

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04/25/05-80182-022 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4/20/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR