


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M59255**  
 1. Entity Name  
**BERT-BABETTE, INC.**



Principal Place of Business      Mailing Address  
 C/O D. CLOGMAN      C/O D. CLOGMAN  
 20191 E. COUNTRYCLUB DRIVE #1106      20191 E. COUNTRYCLUB DRIVE #1106  
 AVENTURA, FL 33180      AVENTURA, FL 33180



03232008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2843569**      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CLOGMAN, D.  
 20191 E COUNTRY CLUB DR.  
 #1106  
 AVENTURA, FL 33180

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

000000878300  
 04/14/08-80049-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILMERS, BABETTE 20191 E COUNTRY CLUB, #1106 AVENTURA, FL 33180
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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 life empowered.

SIGNATURE: Babette Wilmers  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/08  
 Date      Daytime Phone #