

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003987

1. Entity Name
COMISION GERIZIM, INC.



Principal Place of Business
**21300 CHINABERRY DR
BOCA RATON, FL 33428**

Mailing Address
**21300 CHINABERRY DR
BOCA RATON, FL 33428**



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
61-1473824

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BERLANGA, JESUS E
23100 CHINABERRY DR
BOCA RATON, FL 33428**

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERLANGA, JESUS E
STREET ADDRESS	23100 CHINABERRY DR
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VS
NAME	BERLANGA, FLOR D
STREET ADDRESS	23100 CHINABERRY DR
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	BERLANGA, ROSA
STREET ADDRESS	23100 CHINABERRY DR
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80002-005 70.00

**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 617, 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] **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-07

Date

(561) 213-0244
Daytime Phone #