


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90101 047 \*\*\*150.00

**DOCUMENT # P00000086418**

1. Entity Name  
**BERTELI & ASSOCIATES, INC.**



Principal Place of Business  
**23600 SW 132 AVE.  
 HOMESTEAD, FL 33032**

Mailing Address  
**23600 SW 132 AVE.  
 HOMESTEAD, FL 33032**

40047604

2. Principal Place of Business - No P.O. Box #  
**23650 SW 132 que**

3. Mailing Address  
**23650 SW 132 que**

Suite, Apt. #, etc.

City & State  
**Princeton FL**

City & State  
**Princeton FL**

Zip  
**33032**

Country  
**USA**

Zip  
**33032**

Country  
**USA**



03122007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1042329**

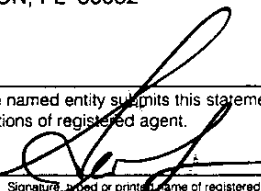
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CALVO, LEONOR  
 23600 SW 132 AVE  
 PRINCETON, FL 33032**

7. Name and Address of New Registered Agent  
 Name  
**Lorenzo Berto**  
 Street Address (P.O. Box Number is Not Acceptable)  
**23650 SW 132 que**  
 City  
**Princeton FL** Zip Code  
**33032**

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 **3-21-07**

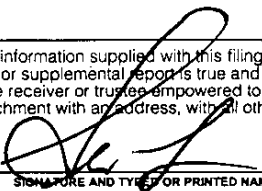
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALVO, LEONOR 23600 SW 132 AVE PRINCETON, FL 33032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Lorenzo, Berto 23650 SW 132 que Princeton FL 33032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 **3-21-07** Daytime Phone # **305-258-1624**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR