

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90052 013 ***150.00

DOCUMENT # P01000060007 1. Entity Name BERDELLZ, INC.																											
Principal Place of Business 119 WINGED FOOT LANE BOCA RATON, FL 33431		Mailing Address 119 WINGED FOOT LANE BOCA RATON, FL 33431																									
2. Principal Place of Business 21346 St Andrews Blvd Suite, Apt. #, etc. #182 City & State Boca Raton, FL Zip 33433 Country USA		3. Mailing Address 21346 St Andrews Blvd Suite, Apt. #, etc. #182 City & State Boca Raton, FL Zip 33433 Country USA																									
4. FEI Number 65-1115734		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent O'DELL, JAMES 119 WINGED FOOT LN BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name James Odell Street Address (P.O. Box Number is Not Acceptable) 21346 St Andrews Blvd #182 City Boca Raton FL Zip Code 33433																									
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 <u><i>James W Odell</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width:70%;"> D O'DELL, JAMES W ☐ Delete 119 WINGED FOOT LANE BOCA RATON, FL 33431 </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D O'DELL, JAMES W ☐ Delete 119 WINGED FOOT LANE BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width:70%;"> ☒ Change ☐ Addition 21346 St Andrews Blvd, #182 Boca Raton, FL 33433 </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td>☐ Change ☐ Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition 21346 St Andrews Blvd, #182 Boca Raton, FL 33433	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: <u><i>James W Odell</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u><i>James Odell</i></u> Pres Date <u><i>1/27/05</i></u> 561- <u><i>816-1269</i></u> Daytime Phone #																									