

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Apr 18, 2007 8:00 am
Secretary of State**

04-18-2007 90196 028 ***150.00

DOCUMENT # P04000137634
1. Entity Name
BERKSHIRE PROPERTIES AND INVESTMENTS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1682 ASTOR FARMS PLACE
Suite, Apt. #, etc.

3. Mailing Address
1682 ASTOR FARMS PLACE
Suite, Apt. #, etc.

City & State
SANFORD, FL

City & State
SANFORD, FL

Zip
32771

Country

4. FEI Number
20-2646628

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ABDALLAH, SHABNAM M

Street Address (P.O. Box Number is Not Acceptable)
1682 ASTOR FARMS PLACE

City
SANFORD FL 32771

FL

Zip Code
32771

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABDALLAH, SHABNAM M 1682 ASTOR FARMS PLACE SANFORD FL 32771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/3/07

Daytime Phone # _____