


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90335 004 \*\*\*150.00

<b>DOCUMENT # 392543</b>			
1. Entity Name <b>BERMAC ELECTRIC INC.</b>			
Principal Place of Business <b>14600 NE 3 COURT MAIMI FL 33161 US</b>		Mailing Address <b>14600 NE 3 COURT MAIMI, FL NORTH MIAMI FL 33161 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>1121 E. COMMERCIAL BLVD-1091C</b>		Suite, Apt. #, etc. <b>1121 E. COMMERCIAL BLVD-1091C</b>	
City & State <b>FT. LAUDERDALE FL.</b>		City & State <b>FT. LAUDERDALE FL.</b>	
Zip <b>33334</b>	Country <b>U.S.A.</b>	Zip <b>33334</b>	Country <b>U.S.A.</b>
6. Name and Address of Current Registered Agent  <b>KLIEN, RONALD 901 NE 125TH ST N MIAMI FL 33161</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKENDRICK, BRIAN 14600 N.E. 3 COURT N MIAMI FL <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	D MCKENDRICK, PATRICIA 14600 N.E. 3 COURT N MIAMI FL <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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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:**

*Brian M. Kendrick* **BRIAN MCKENDRICK** 4/20/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #