2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 392543

May 07, 2008 8:00 am Secretary of State 05-07-2008 90113 019 ***150.00 BERMAC ELECTRIC INC. Principal Place of Business Mailing Address 1121 E COMMERCIAL BLVD #1891C. FORT LAUDERDALE FL 33334 1121 E COMMERCIAL BLVD #1091C ORT LAUDERDALE FL 33334 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1121 E. COMMERCIAL 1121 E. COMMERCIAL BLUE Suite, Apt. #, etc. Soite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1385789 OHKLAND PARK OAKLAND PARK. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33334 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLIEN, RONALD 901 NE 125TH ST Street Address (P.O. Box Number is Not Acceptable) N MIAMI FL 33161 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 Signature, typed or implied pensoral registered agent and the Empiroasie. /NOTE: Registered Agent aginature requires when reinstating? DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD Derete TITLE ☐ Change ☐ Addition MCKENDRICK.BRIAN NAME NAME 14600 N.E. 3 COURT STREET ADDRESS STREET ADDRESS CITY-SY-ZIP N MIAMI FL CITY-ST-ZIP TITLE ☐ Derete ☐ Change ■ Addition MCKENDRICK, PATRICIA NAME NAME STREET ADDRESS 14600 N.E. 3 COURT STREET ADDRESS CITY-ST-ZIP N MIAMI FL CITY-ST-7IP TITLE ☐ Delete THE Change Change Addition MAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-S1-7IP Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City - ST-2IF ☐ Defete Addition STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CITY - ST - ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN MCKENDRICK

FILED