


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90020 028 ***150.00

DOCUMENT # 534318		
1. Entity Name BERAL, INC.		

Principal Place of Business 1500 SAN REMO AVE. #103 CORAL GABLES, FL 33146	Mailing Address 1500 SAN REMO AVE. #103 CORAL GABLES, FL 33146
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2. Principal Place of Business <i>1500 San Remo Ave</i>	3. Mailing Address <i>1500 San Remo Ave</i>
Suite, Apt., #, etc. <i>Suite 248</i>	Suite, Apt., #, etc. <i>Suite 248</i>
City & State <i>Coral Gables FL</i>	City & State <i>Coral Gables FL</i>
Zip <i>33146</i>	Country



05092006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0103995	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARED & ASSOCIATES, P.A. 1500 SAN REMO AVE. SUITE 103 CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name <i>Bared & Assoc PA</i> Street Address (P.O. Box Number is Not Acceptable) <i>1500 San Remo Ave</i> <i>Suite 248</i> City <i>Coral Gables</i> FL Zip Code <i>33146</i>
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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD VILANOVA, ELIZABETH V. D 1500 SAN NEMO AVE. CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1500 Suite 248</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VILANOVA, ALVARO 1500 SAN NEMO AVE. CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Suite 248</i>
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
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 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: *A Villanova D* *5/9/06 305 666 6010*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #