


FILED
Feb 23, 2007 8:00 am
Secretary of State

02-05-2007 90124 009 ****50.00

02-23-2007 90035 010 ***100.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 542958 1. Entity Name GREG O'BERRY, INC.	
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Principal Place of Business 3211 PONCE DE LEON BLVD SUITE 305 CORAL GABLES, FL 33134 US	Mailing Address 3211 PONCE DE LEON BLVD SUITE 305 CORAL GABLES, FL 33134 US
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60018956



02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1762155	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MERMELSTEIN, MICHAEL S CPA
3211 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MOODY, GENE 3211 PONCE DE LEON BLVD #305 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S SMITH, LORRAINE 3211 PONCE DE LEON BLVD #305 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **GENE MOODY** 2/2/07 305-444-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone