2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 07, 2008 08:00 A Secretary of State **DOCUMENT # 603130** 1. Entity Name BERG, ETTELMAN & BERG, P.A. Principal Place of Business Mailing Address 555 NE 15TH ST 555 NE 15TH ST STE PH A STE PH A MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 59-1360556 Not Applicable Ζιp Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERG, DAVID T Street Address (P.O. Box Number is Not Acceptable) 555 NE 15TH ST MAIMI, FL CORAL GABLES FL 33132 Zip Code City 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 registrood rigent unit (1 e. 1 unplicatio). (NOTE: Registered Agont agricultar required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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. U00000885334 🗆 Change Defete TIT! F TITLE BERG, DAVID T NAME n4/13/n8-80005-021 150.00 STREET ADDRESS 9325 BALADA ST STREET ADDRESS CORAL GABLES, FL 00000 CITY-ST-ZIP Derete TITLE TITLE Change ☐ Addition NAME ETTELMAN, CHERYL STREET ADDRESS 555 N.E. 15 ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE De-ete TITLE Change Addition BERG, CHARLES NAME STREET ADDRESS 555 NE 15 ST. STHEE! ADDHESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP VΡ TITLE ☐ Change ☐ Addition De-ete TOTAL BERG, DAVID T JR NAME NAME STREET ADDRESS 555 NE 1555 PHA STREET ADDRESS **MIAMI FL 33132** CITY-ST-ZIP CITY-ST-ZIP TITLE □ De ete TOTAL ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST- ZIP TITLE De ete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 idecurate 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 at other like emproprieted. with an other like emer

Daytone Engine #