

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F01000004443

**FILED** May 19, 2004 8:00 am Secretary of State 05-19-2004 90010 005 \*\*\*150.00

	ne <del>BERG REAL ESTATE C</del> RL CAPITAL , I	erpora:	1 <del>401</del> 1				Ì				
Principal Place of Business 6387 NW 23 CT BOCA RATON, FL 33496			Mailing Address 6387 NW 23 CT BOCA RATON, FL 33496							10547	
2. Principal F	Place of Business	3. Mai	i. Mailing Address								
Suite, Apt.	. #, etc.	Suit	Suite, Apt. #, etc.				04262004	Chg-P	CR2E(	034 (10/03)	
City & Stal	te	City	City & State				4. FE! Numb 25-187			P	pplied For ot Applicable
Zip	Country	Zip		Coun	try		5. Certificate	e of Status Desire	d 🛘	\$8.75 Ad Fee Require	ditional ed
<u> </u>	6. Name and Address of Curr	ent Registere	d Agent		[		7. Name and	G Address of Nev	w Registered .	Agent	
VERNER, MERYLE 6387 NW 23RD COURT					Name Street A	Address (F	P.O. Box Numb	per is Not Accepta	able)	<del></del> -	
BOCA RATON, FL 33496								-			
-2	- A				City				FL	Zip Cod	
},,⊬the obligal	e named entity submits this stateme tions of registered agent.						·····	oth, in the State of		familiar with	, and accept
a Carl	Signature, typed or printed name of registered a	igent and title it app	icable. (NOTI	E: Registered	a Agent signal	ura required v	when reinstating)		DATE		
After M.	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55		9. Election Campai Trust Fund Cont		icing		00 May Be d to Fees				
10. *	OFFICERS AND DIRECTORS 11.							/CHANGES TO O	FFICERS AND	DIRECTOR	\$ IN 11
NAME.	PUICE PRESIDENT Delete VERNER, MERYLE			title Name			IEL VE	RNER		Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP	6387 NW 23RD CT BOCA RATON, FL 33496	•			ET ADORESS ST - ZIP			IRD COURT		-3(a) A	
IIITE			☐ Delete	IIILE	-	0-0		<u></u>	<u> </u>	☐ Change	☐ Addition
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CITY-ST-ZIP					ST-ZIP						
ILITE			☐ Delete	TITUE			· · · · · · · · · · · · · · · · · · ·			☐ Change	Addition
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CITY-ST-ZIP					ST-ZIP						
title Name			☐ Detele	TITLE						☐ Change	☐ Addition
STREET ADDRESS				NAME STREE	T ADDRESS						
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NAME STREET ADDRESS				MAME STREE	FADDRESS						- 1
CITY-ST-ZIP					S1-2IP						
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME OFFICE ADDRESS			•	NAME	[					-	1
STREET ADDRESS CITY-ST-ZIP					1 ADORESS ST-ZIP						
12. I hereby of indicated	certify that the information supplied on this report or supplemental report	with this filing o	does not qualify for occurate and that m			ed in Sect ave the sa	ion 119.07(3)(i me legal effec	i), Florida Statutes Las if made unde	i. I further certi r oath; that I ar	fy that the in	formation or director

act with an address, with all other like empowered.

SIGNATURE: