

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003497

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: BERA DE LABORDE INFORMATION OFFICE INC

**Current Principal Place of Business:**

2475 BRICKELL AVENUE APT 2108  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

2475 BRICKELL AVENUE APT 2108  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLETS, EUNICE  
2825 SW 22ND AVE  
STE 105  
DELRAY BEACH, FL 33445 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPVP  Delete  
Name: THOMSEN, ERIC K S  
Address: KONGEVEJEN 150,  
City-St-Zip: DK3000 HELSINGOR, DENMARK,

Title: ST  Delete  
Name: THOMSEN, ERIC K S  
Address: KONGEVEJEN 150,  
City-St-Zip: DK3000 HELSINGOR, DENMARK,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC THOMSEN

DIR

03/26/2009

Electronic Signature of Signing Officer or Director

Date