

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11506

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: BERKSHIRE MANAGEMENT ASSOCIATES, INC.

## Current Principal Place of Business:

8321 NW 90 ST.  
MEDLEY, FL 33166 US

## New Principal Place of Business:

## Current Mailing Address:

8321 NW 90 ST.  
MEDLEY, FL 33166 US

## New Mailing Address:

FEI Number: 59-2049928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VAN BREE, THOMAS W.  
7790 S.W. 128TH ST.  
MIAMI FL, FL 33156 US

## Name and Address of New Registered Agent:

VAN BREE, CAROL S  
7790 S.W. 128TH ST.  
MIAMI FL, FL 33156 US

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: CAROL S. VAN BREE

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: VAN BREE, THOMAS W.  
Address: 7790 S W 128 ST  
City-St-Zip: MIAMI, FL 00000,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: VAN BREE, CAROL S  
Address: 7790 S W 128 ST  
City-St-Zip: MIAMI,, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL S. VAN BREE

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date