

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50732

FILED
May 17, 2009
Secretary of State

Entity Name: BERGER AVART, INC.

Current Principal Place of Business:

1150 NW 72ND AVENUE
SUITE 350
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

1150 NW 72ND AVENUE
SUITE 350
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 59-2128093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLIVARES, LUIS
10620 SW 72ND AVE
MIAMI, FL 33156 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVARES, LUIS
Address: 10620 SW 72ND AVE
City-St-Zip: MIAMI, FL 33156

Title: V () Delete
Name: NAGLER, FREDRIC
Address: 21321 NE 25TH CT
City-St-Zip: MIAMI, FL 331801039

Title: SC () Delete
Name: STAMATIS, DEMETRIOS J
Address: 1508 FOX TRAIL
City-St-Zip: MOUNTAINSIDE, NJ 07092

Title: AS () Delete
Name: SAVINO, MICHAEL
Address: 1 LISA LANE
City-St-Zip: VALHALLA, NY 10595

Title: T () Delete
Name: PEPE, SALVATORE
Address: 51 FULLING AVENUE
City-St-Zip: TUCKAHOE, NY 10707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LUIS A. OLIVARES, P.E.

PRES

05/17/2009

Electronic Signature of Signing Officer or Director

_____ Date