

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # G98196**

1. Entity Name  
**MARILYNN BERKE INTERIOR DESIGN ASSOCIATES,  
INC.**



Principal Place of Business  
**1240 US HWY 1  
NORTH PALM BEACH, FL 33408**

Mailing Address  
**1240 US HWY 1  
NORTH PALM BEACH, FL 33408**



04102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2391680**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BERKE, LOUIS  
1240 US HWY 1 STE 150  
N. PALM BEACH, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000912120  
05/07/08-80068-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BERKE, MARILYNN  
STREET ADDRESS 1240 US HWY ONE STE 150  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE STD  
NAME BERKE, LOUIS  
STREET ADDRESS 1240 US HWY ONE STE 10  
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other persons empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Louis Berke Sec/Treas* 4/18/08 561-626-0084

Date

Daytime Phone #