


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

**DOCUMENT # H60578**

1. Entity Name  
**BERKOWITZ DEVELOPMENT GROUP, INC.**



Principal Place of Business      Mailing Address

% JEFFREY L. BERKOWITZ  
 2665 S. BAYSHORE DR. #1200  
 COCONUT GROVE FL 33133

% JEFFREY L. BERKOWITZ  
 2665 S. BAYSHORE DR. #1200  
 COCONUT GROVE FL 33133



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

State, Apt. #, etc.      State, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For

**65-0056449**       Not Applicable

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

6. Name and Address of Current Registered Agent

**BERKOWITZ, JEFFREY L.**  
**2665 S. BAYSHORE DR. #1200**  
**COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title, if applicable.      NOTE: Registered agent signature required when completing.      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees

Trust Fund Contribution     

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> Delete
NAME	BERKOWITZ, JEFFREY L.	
STREET ADDRESS	2665 S BAYSHORE DR #1200	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SINGER, DAVID M	
STREET ADDRESS	2665 S. BAYSHORE DR. STE 1200	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000911443	
CITY-ST-ZIP	05/07/08-80040-013 158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changes, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **4/17/2008** **B05,854-2800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Electronic Filing #