


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90038 049 ***150.00

DOCUMENT # K10616		
1. Entity Name BERAND, INC.		

Principal Place of Business 2020 W. MCNAB RD. STE 110 FORT LAUDERDALE, FL 33309 US	Mailing Address 2020 W. MCNAB RD. STE 110 FORT LAUDERDALE, FL 33309 US
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0021743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Gary Pottruck 2151 W. Hillsboro Blvd. -Rm 213 Deerfield Beach, Fl. 33442	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORRIS, CURTIS A. 4451 NE 13TH AVE FORT LAUDERDALE, FL 33334
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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 like empowered.

SIGNATURE: *Curtis A. Morris* 1/15/07 954-968-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #