

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90006 034 \*\*\*158.75

<b>DOCUMENT # K10616</b>			
1. Entity Name <b>BERAND, INC.</b>			
Principal Place of Business <b>2020 W. MCNAB RD. STE 110 FORT LAUDERDALE, FL 33309 US</b>		Mailing Address <b>2020 W. MCNAB RD. STE 110 FORT LAUDERDALE, FL 33309 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2020 W. McNab Rd.</b>		3. Mailing Address <b>2020 W. McNab Rd.</b>	
Suite, Apt. #, etc. <b>Ste. 110</b>		Suite, Apt. #, etc. <b>110</b>	
City & State <b>Ft. Lauderdale, Fl.</b>		City & State <b>Ft. Lauderdale, Fl.</b>	
Zip <b>33309</b>		Zip <b>33309</b>	
Country <b>Broward</b>		Country <b>Broward</b>	
4. FEI Number <b>65-0021743</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <b>XX</b>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MORRIS, CURTIS A 2020 W. MCNAB RD. FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, CURTIS A</b>	NAME	
STREET ADDRESS	<b>4451 NE 13TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33334</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	