

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90241 033 \*\*\*158.75

**DOCUMENT # K36774**

1. Entity Name

BERLINEX CORPORATION



Principal Place of Business

444 BRICKELL AVENUE  
SUITE 51-216  
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE  
STE 51-246  
MIAMI FL 33131  
US

14022118



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0076881

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IBC FIDUCIARY INC.  
100 S E SECOND STREET-2315A  
SUITE #2315A  
MIAMI FL 33131

Name

IBC FIDUCIARY INC.

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

100 SE SECOND STREET

SUITE # 2315-A

City  
MIAMI

FL

Zip Code  
33131

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

4/16/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☒ Delete  
NAME DELLAVEDOVA, A.  
STREET ADDRESS 444 BRICKELL AVE, SUITE 51-246  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME LECOMTE, J  
STREET ADDRESS 444 BRICKELL AVE #51-246  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ASVP ☐ Delete  
NAME ROMAN, M  
STREET ADDRESS 444 BRICKELL AVE., SUITE 51-246  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M

ROMAN

Date

4/16/04

Daytime Phone #

(305) 358-4441