2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

FILED Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # M10607 BERSIN DEVELOPMENT CORP. Principal Place of Business Mailing Address 2665 S. BAYSHORE DR. #1200 COCONUT GROVE FL 33133-5432 2665 S. BAYSHORE DR. #1200 COCONUT GROVE FL 33133-5432 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2486310 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERKOWITZ, JEFFREY L 2665 S. BAYSHORE DR. #1200 Street Address (P.O. Box Number is Not Acceptable) **COCONUT GROVE FL 33133** City 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 . Signature, typed or printed name of registered agent and title if applicable. (NOTE_Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD HILE ☐ Delete TITLE ☐ Change Addition BERKOWITZ, JEFFREY L. NAME 2665 S.BAYSHORE DR.#1200 STREET ADDRESS STREET ADDRUSS COCONUT GROVE FL CITY-SE-7IP CITY-ST-7IP VPS ☐ Delete THIE ☐ Change ☐ Addition SINGER, DAVID M NAME 2665 S BAYSHORE DR #1200 STREET ADDRESS STREET ADDRESS U000000686119 **COCONUT GROVE FL 33133** CITY-ST-ZIP CITY-ST-ZIP 04/03/07-80033 000 100 Addition TITLE Defete THE SINGER, DAVID M NAME NAME 2665 S. BAYSHORE DR., STE 1200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL 33133 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAMI' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP HIDE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7/P TITLE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY+SI-71P 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 eath; that I am an officer or director of the corporation or the receiver or truspoyempowered 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 experience of the exemption of the 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 experience of the exemptions of the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplies that the information indicated on this report or supplies that the information indicated on this report or supplies that the information indicated on this report or supplies that the information indicated on this report or supplies that the information indicated in the exemption of the ex

L. BERKOWITZ 03/07/07