

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 07, 2007 08:00 A  
Secretary of State

DOCUMENT # M26123

1. Entity Name: BERTO CAFETERIA INC



Principal Place of Business

9900 N.W. 80 AVE.  
BAY 4 A-B  
HIALEAH GARDENS, FL 33016-2324

Mailing Address

9900 N.W. 80 AVE.  
BAY 4 A-B  
HIALEAH GARDENS, FL 33016-2324



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2635876	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

VALDES, HERIBERTO  
9900 N.W. 80 AVE.  
HIALEAH GARDENS, FL 33015

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALDES, HERIBERTO 1525 SW 78TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000782155  
05/25/07-80085-012 150.00

DO NOT WRITE  
IN THIS SPACE

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:

*Heriberto Valdes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-07 305-552-0192