


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N24117
 1. Entity Name
BERKSHIRE EDUCATIONAL SEARCH TEAM, INC.



Principal Place of Business DOROTHY FARRELL 28800 S.W. 152ND AVENUE HOMESTEAD, FL 33033	Mailing Address DOROTHY FARRELL 28800 S.W. 152ND AVENUE HOMESTEAD, FL 33033
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0032867	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
**FARRELL, DOROTHY A
 28800 S.W. 152ND AVENUE
 HOMESTEAD, FL 33033**

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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: *Dorothy A. Farrell* *Feb 29 2004*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000077373
 03/05/04 90039 016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRELL, DOROTHY 701 CHIPPEWA AVE. TAMPA, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FARRELL, SCOTT 2210 KENWICK DR. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARRELL, SEAN C. 3611 ELKRIDGE LN. VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL, TODD 2751 SW 71 TERR DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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: *Dorothy A. Farrell* *Feb 29 2004*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305245 5533