

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 19, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P01000013957**

**1. Entity Name  
BERG CONSULTING GROUP, INC.**



**Principal Place of Business  
2240 PALM BEACH LAKES BLVD SUITE 105  
WEST PALM BEACH, FL 33409**

**Mailing Address  
2240 PALM BEACH LAKES BLVD SUITE 105  
WEST PALM BEACH, FL 33409**



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
65-1075668  
**Applied For**  
Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134**

**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  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	VTD
<b>NAME</b>	BERG, DAVYE W
<b>STREET ADDRESS</b>	103 ORCHID CAY DRIVE
<b>CITY-ST-ZIP</b>	PALM BEACH GARDENS, FL 33418
<b>TITLE</b>	PSD
<b>NAME</b>	BERG, BRUCE A
<b>STREET ADDRESS</b>	103 ORCHID CAY DRIVE
<b>CITY-ST-ZIP</b>	PALM BEACH GARDENS, FL 33418
<b>TITLE</b>	V
<b>NAME</b>	BERG, JEFFERY S
<b>STREET ADDRESS</b>	255 EVERNIA APT 1016
<b>CITY-ST-ZIP</b>	WEST PALM BEACH, FL 33401
<b>TITLE</b>	VD
<b>NAME</b>	REITER, SUZI B
<b>STREET ADDRESS</b>	2608 ARBOR LANE
<b>CITY-ST-ZIP</b>	ROYAL PALM BEACH, FL 33411
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Bruce Berg* **BRUCE BERG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/12/05* **561-712-1277**  
Date Daytime Phone #