2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118177

DIMAURO, CHRISTINE

15 S GOLFVIEW RD CU #101

() Delete

LAKE WORTH, FL 33460

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip:

Entity Name: BERLIN REAL ESTATE AND DEVELOPMENT CORP

FILED Sep 25, 2009 Secretary of State

	DERE	TTTL/TE LOT/	(TEXITE BETTEE)	WEIVI C	Ora .			
Current Principal Place of Business:					New Principal Place of Business:			
15 S GOLFVIEW RD CU #101 LAKE WORTH, FL 33460					151 S GOLFVIEW RD CU #101 LAKE WORTH, FL 33460			
Current Mailing Address:					New Mailing Address:			
15 S GOLFVIEW RD CU #101 LAKE WORTH, FL 33460					15 S GOLFVIEW RD CU #101 LAKE WORTH, FL 33460			
FEI Number:	65-1159401	FEI Numb	er Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of Statu	s Desired (X)
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
15 S GOLF LAKE WOF	, CHRISTIN VIEW RD 0 RTH, FL 33 named enti	CU # 101 3460 US	s statement for the p	ourpose o	LAKE WOF	VIEW RI RTH, FL	D CU # 101	agent, or both,
in the State		,	·	ı	3 3	J	J	<i>.</i>
SIGNATURE: ANGELA MITCHELL					09/25/2009			
Election Can	ce with s. 607	.193(2)(b), F.S., cing Trust Fund	e of Registered Age the corporation did no Contribution ().				Date	.ND DIRECTORS:
Title: Name: Address: City-St-Zip:		() Delete , ANGEL /IEW RD CU #10 TH, FL 33460	1		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete CHRISTINE /IEW RD CU#10 TH, FL 33460	01		Title: Name: Address: City-St-Zip:	15 S GO	(X) Change () Addition FF, JAMES K PLFVIEW RD CU #101 ORTH, FL 33460	
Title:	S	() Delete			Title:	s	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

MITCHELL, ANGELA

MITCHELL, ANGELA

15 S GOLFVIEW RD CU #101

15 S GOLFVIEW RD CU#101

LAKE WORTH, FL 33460

() Change (X) Addition

LAKE WORTH, FL 33460

SIGNATURE: JAMES K RATCLIFF VP 09/25/2009