2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachmor

SIGNATURE:

address, with all other like empowered.

FILED DOCUMENT # P02000012973 Mar 21, 2007 08:00 AM Secretary of State BERET HOLDINGS, INC. Principal Place of Business Mailing Addross 7541 NE 3RD PLACE MIAMI FL 33138 7541 NE 3RD PLACE MIAMI FL 33138 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite Apt. #. otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 04-3616912 Not Applicable Zιp Country Zip 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 Namo BERMAN, NEAL R Street Address (P.O. Box Number is Not Acceptable) 7541 NE 3RD PLACE **MIAMI FL 33138** 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when recisioning) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD III. Delete ☐ Change ☐ Addition THEF BERMAN, NEAL R NAMI NAMI 7541 NE 3RD PLACE STREET ADDRESS STREET ADDRESS MIAMI FL 33138 CHY-SL 70P CHY-ST-7P DHE ☐ Delete ши. Change ■ Addition SKALET, PAM NAME NAME 7541 NE 3RD PLACE STREET ADDRESS STREET ADDRESS U0000006749 **MIAMI FL 33138** 03/29/07-800 CHY-S1-7P CHY-SI-7P -023 150.00 HILE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-S1-ZIE ☐ Defete ☐ Change Addition NAME STRUET ADDRESS STREET ADDRESS CHY-SI-AP CITY-ST-7IP Delete HILL ☐ Change ■ Addition MID NAME NAMI* STREET ADDRESS STREET ADDRESS CITY-ST-/IP CHY-SI-7IP Addition TITLE ☐ Delete DITT Change NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP 12. I horeby 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 lirue 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 turning employer as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter or an attachment with all other the companioned.