

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017278

Entity Name: RAB'S BEROCHOS INC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

4490 NW 65TH TERRACE
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

4490 NW 65TH TERRACE
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 65-0182290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEBERMAN, ARON
4490 NW 65TH TERRACE
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LIEBERMAN, ARON
Address: 4490 NW 65TH TERRACE
City-St-Zip: LAUDERHILL, FL 33319

Title: V () Delete
Name: GARBOURG, DAVID
Address: 3608 E FORGE RD
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: GARBOURG, DAVID
Address: 4490 NW 65TH TERRACE
City-St-Zip: LAUDERHILL, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ARON LIEBERMAN

P

01/05/2007

Electronic Signature of Signing Officer or Director

Date