


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000075942		
1. Entity Name BURKE VENTURES, INC.		

FILED

06 FEB 22 PM 12:10



Principal Place of Business 31 OCEAN REEF DR., STE. C-302 KEY LARGO, FL 33037	Mailing Address 31 OCEAN REEF DR., STE. C-302 KEY LARGO, FL 33037
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02032006 Chg-P CR2E034 (11/05)

4. FEI Number 16-1616571	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERSAUD, SAMUEL A ESQ. 1320 SOUTH DIXIE HWY., STE. 715 CORAL GABLES, FL 33146		Name Samuel A. Persaud, P.A. Street Address (P.O. Box Number is Not Acceptable) 201 N. Krome Avenue Suite 200 City Homestead FL Zip Code 33030	

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

2-6-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BURKE, MITA M 31 OCEAN REEF DR., STE. C-302 KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400066432444 02/23/06--01014--001 **1111.25
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B 2/23/04

2/6/06