


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000093605</b> 1. Entity Name BERKOTEK DESIGN PRACTICE, INC.	
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Principal Place of Business 1876 N. UNIVERSITY DR. SUITE 201-U PLANTATION, FL 33322	Mailing Address 1876 N. UNIVERSITY DR. SUITE 201-U PLANTATION, FL 33322
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**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 27-0027682	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent  PADIAL, JOSE I P.A. 2600 DOUGLAS RD. PH6 CORAL GABLES, FL 33134
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERKOWITZ, CARLOS 1876 N. UNIVERSITY DRIVE # 201-U PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERKOWITZ, PEDRO T 1876 N. UNIVERSITY DRIVE # 201-U PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTERMAN, SAMUEL D 1876 N. UNIVERSITY DRIVE # 201-U PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/03/05-80049-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	CARLOS BERKOWITZ	2/1/2005	954-4747337
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