## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # P03000053931** 06-07-2004 90500 001 \*\*\*150.00 1. Entity Name 06-07-2004 90500 002 \*\*\*\*\*8.75 BERKOOT INTERNATIONAL SECURITY AGENCY, INC. Principal Place of Business Mailing Address 66427162 3920 FREEDOM AVE 3920 FREEDOM AVE SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address 6637 Superior Ave PO Box 03012003 CR2E034 (10/03) City & State 4. FEI Number Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_Hexandre POPESKO POPESKOU, ALEXANDRE Street Address (P.O. Box Number is Not Acceptable) 3920 FREEDOM AVE SARASOTA, FL 34231 sult noinsa FL 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 resident (NOTE: Registered Agent signalure required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** мау Вө In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10., ' 11. ☐ Change Delete TITLE TITLE POPESKOU, ALEX NAME NAME STREET ADDRESS 3920 FREEDOM AVE STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE ODOLSKIY VICTOR 58 Bernardazzi Str Chisinau Molbova NAME NAME STREET ADDRESS STREET ADDRESS 2002 MI CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete OPESKOU EKOTERINA 1627 Summerside Lane NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3423 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIE TITI E ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 add with all other like empowered.

FILED Jun 07, 2004 8:00 am