2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 08:00 A Secretary of State

ANN	IUAL KEPOKT	200 1/4
DOCUMENT # P0300 1. Entity Name NEWBERRY PARK BLDG. 1,		
Principal Place of Business 25430 NW 8TH LANE 100 NEWBERRY, FL 32669	Mailing Address 25430 NW 8TH LANE 100 NEWBERRY, FL 32669	



	-			-	 _				1 - 1	-	_			M .5	-	 	_	w.	_			/		••••
4	-	_							II be	_	_	***					_	w.	_	-			4	
•	. 1	3	100				 	-									-	44	_				_	
4	: a	2.3.1			150	1 . 2 .	 м.	_			-					.	-	W/.	-	_	_		E	11.
-	ж.				 		 	7			_	1.5								3	_			
			10.00	-	 		 				_				77 - S	 		with.	_	7.1		_		P
100		C. C.			 		 						A X			 	c)		11.	, "1"	T	1000	E	11.

04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0487075

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

352-472-5120

Date

SOUTHEAST ACCOUNTING & TAX SERVICES 713 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33060

SIGNATURE:

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

8. The above the obligat	e named entity submits this statement for the lations of registered agent.	ourpose of changing its registered off	ice or regist	ered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	-					
SIGNATORE	Signature, typed or printed name of registered agent and title	DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		5.00 May Be Ided to Fees		
10.	OFFICERS AND DIREC	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	P BELLO, DAVID P 25430 NW 8TH LANE SUITE 100 NEWBERRY, FL 32669				ក្រុមប្រជាជនជានិវិទ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					(#)23/08-90001-0144150:00	
TITLE NAME STREET ADDRESS CRY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
TITUE NAME STREET ADORESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby condition indicated of the condition changed	entify that the information supplied with this fil on this report or supplemental report is trob a portation or the receiver or trustee exposers or on an attachingful willyan audors s. will all	ing does not qualify for the exemption of accurate and that my signature shot oxecute this report as required by other like empowered.	ns containe nail have the Chapter 60	d in Chapter 119, same legal effect 7, Florida Statutes	Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director and that my name appears in Block 10 or Block 11 if	

ED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR