


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90253 004 ***150.00

DOCUMENT # P04000062849 1. Entity Name BERCOS COMMUNICATIONS, INC.					
Principal Place of Business 100 N. BISCAYNE BLVD # 1407 MIAMI, FL 33132			Mailing Address 100 N. BISCAYNE BLVD. # 1407 MIAMI, FL 33132 US		
2. Principal Place of Business 600 GRAPETREE DRIVE Suite, Apt. #, etc. # 9-E-B City & State KEY BISCAYNE, FL Zip 33149 Country U.S.			3. Mailing Address 600 GRAPETREE DRIVE Suite, Apt. #, etc. # 9-E-S City & State KEY BISCAYNE, FL Zip 33149 Country U.S.		
4. FEI Number 20-1052524			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ORTA, JORGE R ESQ. 3191 CORAL WAY # 605 MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME BERTONATTI, CARLOS STREET ADDRESS 100 N. BISCAYNE BLVD. # 1407 CITY-ST-ZIP MIAMI, FL 33132	<input type="checkbox"/> Delete		TITLE PD NAME BERTONATTI, CARLOS STREET ADDRESS 600 GRAPETREE DRIVE # 9-E-S. CITY-ST-ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSD NAME COSTA, JAIME JR. STREET ADDRESS 100 N. BISCAYNE BLVD # 1407 CITY-ST-ZIP MIAMI, FL 33132	<input type="checkbox"/> Delete		TITLE VSD NAME COSTA, JAIME JR. STREET ADDRESS 3191 CORAL WAY # 605 CITY-ST-ZIP MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Carlos Bertonatti</i></u> 4/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> CARLOS BERTONATTI, PRESIDENT					

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