

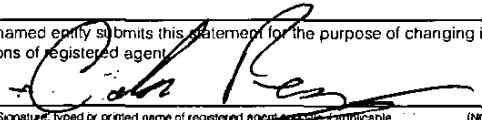
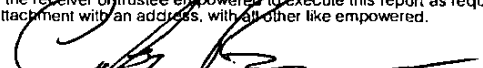


FILED
Feb 23, 2006 8:00 am
Secretary of State

[illegible]

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P04000062852 | |  | | 02-23-2006 90009 003 ***150.00 | |
| 1. Entity Name BERRA'S INC. | | | | | |
| Principal Place of Business 6002 CHRISTINA DRIVE EAST LAKELAND, FL 33813 US | | Mailing Address 6002 CHRISTINA DRIVE EAST LAKELAND, FL 33813 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02112006 Chg-P CR2E034 (11/05) | |
| City & State | | City & State | | 4. FEI Number 20-1004910 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PEREZ, CARLOS 6002 CHRISTINA DRIVE EAST LAKELAND, FL 33813 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | Zip Code | | |
| 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  DATE | | | | | |
| Signature, typed or printed name of registered agent is also applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 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 NAME STREET ADDRESS CITY - ST - ZIP | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| D,P PEREZ, CARLOS 6002 CHRISTINA DRIVE EAST LAKELAND, FL 33813 | | | | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| <input type="checkbox"/> Delete | | | <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:  Date: 2/19/06 Daytime Phone #: 305 887 4121 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |