2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2008 8:00 am Secretary of State 03-18-2008 90007 001 ***150.00

DOCUMENT # P04000137941 1. Entity Name BIRO TECHNOLOGY INC					03-18-200	08 90007 001 ***1	50.00
Principal Place of Business 5313 NEWTON AVE S GULFPORT, FL 33707		Mailing Address 5313 NEWTON AVE S GULFPORT, FL 33707		4	ეე ჭ (გაა		
2. Principal F 2007 Suite, Apt.		3. Mailing Address 2007 52 ND Suite, Apt. #, etc.	ST. 5	021920		CR2E034 (12/06)	
City & Stat		City & State	FL	4. FEIN	umber	Ar	oplied For
Zip	Country	CAUTPORT,	Country		1734234 icate of Status Desired	□ \$8.75 Add	
3370	6. Name and Address of Current	Registered Agent	U.J.		and Address of New	Fee Require	d
	BERT C JTON AVE S IT, FL 33707		Street Ad 2067 City		C. M umber is Not Acceptak メブルビデーム	<u>SUT₩</u>	e Ø 7
the obligate	named entity submits this statement for ions of registered agent. Signature, typed or ornited name of registered agent E NOWILL FEE IS \$150.00 ay 1, 2008 Fee will be \$550.1	end title if applicable. (NOTE: R 9. Election Campaign	IC M. 2	_	Thes. 3-	Torida. I am familiar with,	
10.	OFFICERS AND DIRECTORS			ADDITIO	ONS/CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRO, ROBERT C 5313 NEWTON AVE S GULFPORT, FL 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDE. BIRO, E ROMO 52M	NY	⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRO, SUSAN 5313 NEWTON AVE S GULFPORT, FL 33707	X Delete	TITLE NAME STREET ADDRESS	V. PRESIS		Change Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRO, ERIC M 2007 52ND STREET SOUTH GULFPORT, FL 33707	□ Delete	THEE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated of the co	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address	true and accurate and that my owered to execute this report as	signature shall ha	ve the same legal	effect as if made unde	r oath; that I am an officer	or director