2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT-# P05000036637 1. Entity Name INVERSIONES BERVI INC 06 HAY -1 PH 3: 16 SECNETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 15992 SW 3TH ST. 15992 SW 3TH ST. PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 404282008 CR2E034 (11/05) Applied For City & State City & State 5/ FEI Number Not Applicable **%**9/86 Beejýpobm Zip Country Ζip Country 6/ Certificate of Status Desired Off ISf rviste 7/ Obn f lboe!Bees t t lpgDvssf ouSf hit if sfel8hf ou 8/ Obn f iboe!Beesftt ipgOf x ISf hjt uf ef elBhf ou BERNAL, RAMIRO Street Address (P.O. Box Number is Not Acceptable) 15992 SW 3TH ST. PEMBROKE PINES, FL 33027 City Zip Code **GM** 9/ The above named entity submits this statement for the phoose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register SIGNATURE (NOTE: Registered Agent aignsture required when reinstating) : / Election Campaign Financing %6/11 Nbzkr! FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution Beef eliplGfft 21/ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 221 D BTIE ☐ Delete ☐ Change ■ Addition TITLE BERNAL, RAMIRO NAME NAME STREET ADDRESS 15992 SW 3TH ST. STREET ADORESS PEMBROKE PINES, FL 33027 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition BERNAL, LUZ STELLA NAME NAME noo074811610 STREET ADDRESS 15992 SW 3TH ST. STREET ADDRESS 05/18/06--01025--017 **150.00 CITY-ST-ZIP PEMBROKE PINES, FL 33027 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE TITLE Chance Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ΠΠF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 23 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 trusted 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. TJHOBUVSF: Date Daytime Phone