

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90047 038 ***150.00

DOCUMENT # P06000038231

1. Entity Name
ROBERT BERGEN CONSULTING, INC.



Principal Place of Business
P O BOX 840009
HOLLYWOOD, FL 33084

Mailing Address
P O BOX 840009
HOLLYWOOD, FL 33084

40020001

2. Principal Place of Business - No P.O. Box #
7807 GALLEON CT.
Suite, Apt. #, etc.

3. Mailing Address
7807 GALLEON CT.
Suite, Apt. #, etc.



01252007 Chg-P CR2E034 (12/06)

City & State

PARKLAND, FL

City & State

PARKLAND, FL

4. FEI Number

20-4539276

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

33067

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRAGER, ROSS
1000 N HIATUS RD
PEMBROKE PINES, FL 33026

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BERGEN, ROBERT L
STREET ADDRESS 1000 N HIATUS RD
CITY-ST-ZIP PEMBROKE PINES, FL 33026

☐ Delete

TITLE
NAME BERGEN, ROBERT L
STREET ADDRESS 7807 GALLEON CT
CITY-ST-ZIP PARKLAND, FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/07 954-575-5660