

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081402

Entity Name: A C BERRY INC.

FILED
Apr 13, 2008
Secretary of State

Current Principal Place of Business:

9079 N.W. 40TH PLACE
SUNRISE, F 33351 US

New Principal Place of Business:

Current Mailing Address:

9079 N.W. 40TH PLACE
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 20-5081733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNBERRY, ANYA E
9079 N.W. 40TH PLACE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: THORNBERRY, ANYA E
Address: 9079 N.W. 40TH PLACE
City-St-Zip: SUNRISE, FL 33351 US

Title: D/S () Delete
Name: SAMPERIO, CARMEN I
Address: 5500 S.W. 199 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33332 US

Title: D/T () Delete
Name: HADEED, ROBERT H
Address: 5500 S.W. 199 AVE.
City-St-Zip: PEMBROKE PINES, FL 33332 UD

Title: DVP () Delete
Name: THORNBERRY, ALEXANDER L
Address: 9079 N.W. 40TH PLACE
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HADEED

D/T

04/13/2008

Electronic Signature of Signing Officer or Director

Date