

FILED

Mar 27, 2008 08:00 AM
Secretary of State**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000109218

1. Entity Name
BERMATE, INCPrincipal Place of Business
901 PONCE DE LEON BLVD., STE. 601
CORAL GABLES, FL 33134Mailing Address
901 PONCE DE LEON BLVD., STE. 601
CORAL GABLES, FL 33134

02132008 No Chg-P CH2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-8725826Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H. ESQ.
901 PONCE DE LEON BLVD., STE. 601
CORAL GABLES, FL 33134**DO NOT WRITE
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when re-electing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GUZMAN, BERNARDO
901 PONCE DE LEON BLVD., STE. 601
CORAL GABLES, FL 33134TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
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NAME
STREET ADDRESS
CITY - ST - ZIPU000000871394
04/09/08-80130-008 150.00**DO NOT WRITE
IN THIS SPACE**

11. 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 807, 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 #

Bernardo Guzman March 12/08 305-444-1741