

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90153 049 ***150.00

DOCUMENT # P06000154998					
1. Entity Name BERLIK, INC.					
Principal Place of Business 450 BAYFRONT PLACE #4501 NAPLES, FL 34102			Mailing Address 450 BAYFRONT PLACE #4501 NAPLES, FL 34102		
2. Principal Place of Business - No P.O. Box # 450 BAYFRONT PL.		3. Mailing Address 450 BAYFRONT PL.			
Suite, Apt. #, etc. 4510		Suite, Apt. #, etc. 4510			
City & State NAPLES, FL.		City & State NAPLES, FL.			
Zip 34102		Country COLLIER		4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SILBER, NADIA 450 BAYFRONT PLACE #4501 NAPLES, FL 34102			7. Name and Address of New Registered Agent		
(NOTE: Registered agent signature required when reinstating)			Name SILBER NADIA		
			Street Address (P.O. Box Number is Not Acceptable) 450 BAYFRONT PL. # 4510		
			City NAPLES FL Zip Code 34102		
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 <u>NADIA SILBER</u> <u>JAN HAVLIK</u> <u>4/21/08</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P, D <input type="checkbox"/> Delete			TITLE P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME SILBER, NADIA			NAME SILBER NADIA		
STREET ADDRESS 450 BAYFRONT PLACE #4501			STREET ADDRESS 450 BAYFRONT PL. # 4510		
CITY-ST-ZIP NAPLES, FL 34102			CITY-ST-ZIP NAPLES FL 34102		
TITLE VPD <input type="checkbox"/> Delete			TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HAVLIK, JAN			NAME HAVLIK JAN		
STREET ADDRESS 450 BAYFRONT PLACE			STREET ADDRESS 450 BAYFRONT PL. # 4510		
CITY-ST-ZIP NAPLES, FL 34102			CITY-ST-ZIP NAPLES, FL 34102		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 507, 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: <u>NADIA SILBER</u> <u>JAN HAVLIK</u> <u>4/24/08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					