


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90014 016 ***150.00

DOCUMENT # P07000113005 1. Entity Name BERBEY INVESTMENTS 2000, INC.					
Principal Place of Business 9405 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837		Mailing Address 9405 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32837			
2. Principal Place of Business - No P.O. Box # 14342 Fieldstone Lake Way		3. Mailing Address Same as Principal			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando FL		City & State			
Zip 32824		Country USA		4. FEI Number 98-0556908	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BERBEY, FELIPE 5407 WALSH POND CT. WINDERMERE, FL 34786			7. Name and Address of New Registered Agent Name: Felipe Berbey Street Address (P.O. Box Number is Not Acceptable): 14342 Fieldstone Lake Way City: Orlando FL Zip Code: 32824		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	P BERBEY, FELIPE 5407 WALSH POND CT. WINDERMERE, FL 34786		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Felipe Berbey 14342 Fieldstone Lake Way Orlando, FL 32824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECERRA, MARCO A 4508 SHANWOOD CT ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Maria E. Martinez 14342 Fieldstone Lake Way Orlando, FL 32824	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			Date: 03-26-08		Daytime Phone #: 4043349380