


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90076 039 \*\*\*158.75

<b>DOCUMENT # P93000081921</b> 1. Entity Name <b>CLIFF BERRY, INC.</b>					
Principal Place of Business <b>851 ELLER DRIVE FORT LAUDERDALE, FL 33316</b>			Mailing Address <b>P.O. BOX 13079 FT. LAUDERDALE, FL 33316</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>BERRY, CLIFF SR 851 ELLER DRIVE FT. LAUDERDALE, FL 33316</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D. BERRY, CLIFF SR. 851 ELLER DRIVE FORT LAUDERDALE, FL 33316</b> <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	<b>D BERRY, CLIFF II 851 ELLER DRIVE FORT LAUDERDALE, FL 33316</b> <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	<b>D BERRY, SANDRA B 851 ELLER DRIVE FORT LAUDERDALE, FL 33316</b> <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	<b>S BERRY, BETTY 851 ELLER DR. FORT LAUDERDALE, FL 33316</b> <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	<b>EXEV DOYLE, LARRY 851 ELLER DR. FORT LAUDERDALE, FL 33316</b> <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	<b>CFOT BRENNER, JAMES 851 ELLER DR. FORT LAUDERDALE, FL 33316</b> <input checked="" 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/27/06 <span style="margin-left: 20px;">954-763-3390</span> <small>Date Daytime Phone #</small>		

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04272006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0511114** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**