


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000046004
 1. Entity Name
BERGERON MANAGEMENT SERVICES, INC.



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| Principal Place of Business 3493 NW 167TH ST. MIAMI, FL 33056 US | Mailing Address 3493 NW 167TH ST. MIAMI GARDENS, FL 33056 US |
|--|--|

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04032007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-0669574 | 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

GREGORY BERGERON
 3493 NW 167TH ST
 MIAMI GARDENS, FL 33056

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 BERGERON, GREGORY 3493 NW 167TH STREET MIAMI, FL 33056 |
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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:  **4/1/07** (305) 624-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #