**FILED** 

## 2006 FOR PROFIT CORPORATION

## Jul 19, 2006 08:00 AN ANNUAL REPORT Secretary of State DOCUMENT # P97000044128 Entity Name<sup>3</sup> BERGER GEMS & PEARLS, INC. Principal Place of Business Mailing Address 36 NE 1ST STREET 36 NE 1ST STREET SUITE 727 SUITE 727 MIAMI, FL 33132 US M'AMI, FL 33132 No Chg-P CR2E034 (11/05) 07112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0754928 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BERGER, PHILLIP DO NOT WRITE 36 NE 1ST STREET SUITE 727 IN THIS SPACE MIAMI, FL 33132 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 registe (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. - Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS HILE NAME BERGER, PHILLIP -- Uninging 71,094 2000 ISLAND AVE, #2709 STREET ADDRESS 07/19/06-80001-015 t**9**0.00 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 TITLE BERGER, HILDA NAME 2000 ISLAND AVE, #2709 STREET ADDRESS C(TY-ST-ZIP NORTH MIAMI BEACH, FL 33160 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 eath; 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

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

1-17-06