## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2004 8:00 am Secretary of State

1. Entity Name BERDUGO Principal Place 7025 BERACA	O HOMES INC.  o of Business ASA WAY SUITE 107	Mailing Address 7025 BERACASA WAY SUITI	E 107		04-14-2004	90036 047 ***150.	00
BOCA RATON, FL 33433 BOCA RATON, FL 33433					A CAMBI SASII ARIIN ARIIS RI	IN ENIE IIDID BINI <b>ati</b> ii feer ik	(13) II (18)
2. Principal Place of Business 1284 W. Palmetto Park Rd 7284 W. Palmetto F							
Suite, Apt. #, etc. Suite, Apt. #, etc. Ste 106				04012004	Chg-P	CR2E034 (10/03)	
City & State	Raton FL	City & State Rato	30ca Katon FC		9r <b>7546</b>	——————————————————————————————————————	plied For Applicable
7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Zip C 33433	US A	5. Certificate	of Status Desired	S8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent Name					Address of New	Registered Agent	
BERDUGO 7025 BERG	•	Dar	Street Address (P.O. Box Number is Not Acceptable)				
STE 107 BOCA RAT	ON, FL 33433	7284 I	W. Palm	etto Po	rk Rd-S	tr 108	
				a Ba	<b>b</b> n	FL ZSS	33
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				5.00 May Be dded to Fees			:
10.	OFFICERS AND DI	RECTORS	11.	- ADDITIONS,	CHANGES TO OF	FICERS AND DIRECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERDUGO, ELIE 7902 TENNYSON COURT BOCA RATON, FL 33433	Oelete Oelete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE  NAME  STREET ADDRESS  City-St-Zip		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME : ** STREET ADDRESS CITY-ST-ZIP	Sound of the Confedence	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .
- indicated	certify that the information supplied with the on this report or supplemental report is to poration or the feceiver or trustee empower or on an attachment with an address, with	ue and accurate and that my si	ignature shall have the equired by Chapter,6	ne same legal effe	of as if made under es; and that my nar	nath: that I am an officer	or director - 1