2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000056623

1. Entity Name
BERRONES DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
17740 SW 292 ST	17740 SW 292 ST
HOMESTEAD, FL 33030	HOMESTEAD, FL 33030

DO NOT WRITE IN THIS SPACE

04232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0845345	Not Applicable

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

6. Name and Address of Current Registered Agent

BERRONES, JULIO
17740 SW 292 ST
HOMESTEAD, FL 33030

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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 _____

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, 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	D
NAME	BERRONES, JULIO JR
STREET ADDRESS	18740 SW 356 ST
CITY-ST-ZIP	HOMESTEAD, FL 33034

TITLE	D
NAME	BERRONES, GLORIA
STREET ADDRESS	18740 SW 356 ST
CITY-ST-ZIP	HOMESTEAD, FL 33034

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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05/25/07-80069-019 150.00

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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: _Julio Berrones Jr_   4/27/07   305-216-4395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #