

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90035 048 ***150.00

DOCUMENT # P99000108090 1. Entity Name A. BECKER CORP.			
Principal Place of Business MSI BARNES & ASSOCIATES, P.A. 2929 E COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308		Mailing Address MSI BARNES & ASSOCIATES, P.A. 2929 E COMMERCIAL BLVD. FORT LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box # BARNES & ASSOCIATES CPAS, P.A. 2929 E COMMERCIAL BLVD. Suite, Apt. #, etc. 409		3. Mailing Address BARNES & ASSOCIATES CPAS, P.A. 2929 E COMMERCIAL BLVD Suite, Apt. #, etc. 409	
City & State FORT LAUDERDALE, FL Zip 33308		City & State FORT LAUDERDALE, FL Zip 33308	
4. FEI Number 65-0969797		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMERON, CARA E 2929 E COMMERCIAL BLVD STE 410 FT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete BECKER, ADDI %MSIBARNESCPA'S 2929 E COMMERCIALBLVD #409 FORT LAUDERDALE, FL 33308	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HERMANN, WERNER % BARNES & ASSOCIATES CPAS, P.A. 2929 E COMMERCIAL BLVD, 409 FORT LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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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:		04-09-08 561-533.5321	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	