## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # S16433**

1. Entity Name

**BURGERING ENTERPRISES, INC.** 



FILED Apr 27, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

5100 CORONADO DRIDGE BOCA RATON, FL 33486 5100 CORONADO RIDGE BOCA RATON, FL 33486

S US



DO	NOT	<b>WRITE</b>	IN T	HIS	<b>SPACE</b>
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04252007 No Chg-P CR3

CR2E034 (11/05)

4. FEI Number 65-0244501

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGERING, DAVID E 5100 CORONADO RIDGE BOCA RATON, FL 33486

## DO NOT WRITE IN THIS SPACE

				IN THIS STAGE			
	e named entity submits this statement for the p tions of registered agent.	urpose of changing its register	red office or i	egistered agent, or both, i	n the State of Florida. I am familian	with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title li	f applicable. (NOTE: Register	ed Agent signatur	a required when reinstating)	DATE	····	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECT		TORS	T				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D BURGERING, DAVID 5100 CORONADO RIDGE BOCA RATON, FL				•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

## DO NOT WRITE IN THIS SPACE

U00000739808 05/14/07-80042-009 150.00

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

DULLE BULGLENG.
BIGHATURE AND TYPED OR PRINTED HAMP OF BIGHING OFFICER OR DIRECT

4-26-07

561-213-8914

Daytime Phone #