

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90066 027 ***150.00



DOCUMENT # K20694
 1. Entity Name
HANS T. BERGGREN BLDG., INC.

Principal Place of Business
**2800 E. COMMERCIAL BLVD.
 #208
 FT LAUDERDALE, FL 33308**

Mailing Address
**2800 E. COMMERCIAL BLVD.
 #208
 FT LAUDERDALE, FL 33308**

2. Principal Place of Business - No P.O. Box #
**13900 S. JOG RD
 # 203-276**

3. Mailing Address
**13900 S. JOG RD
 # 203-276**

DELRAY BEACH, FL

33446 U.S.A



03172008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0002705

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KATZ, ALLEN H
 2800 E. COMMERCIAL BLVD
 #208
 FT LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent
 Name **Allen H Katz, P.A.**
**13900 S. JOG RD
 # 203-276**
DELRAY BEACH, FL
33446 U.S.A

FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERGGREN, HANST 11 JUSTICE HILL RD DARIEN, CT 06820 <i>Change address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERGGREN, HANS T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1330 GREENWICH STREET SAN FRANCISCO, CA 94109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Hans T. Berggren* **HANST BERGGREN** *4/8-08* **(203) 952-6163**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #