


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K20545**  
 1. Entity Name  
 BERNESE RESEARCH INSTITUTE, INC.



Principal Place of Business      Mailing Address  
 14101 NW 4TH ST                      14101 NW 4TH ST  
 SUNRISE, FL 33325 US                SUNRISE, FL 33325 US

**DO NOT WRITE IN THIS SPACE**



06292005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 65-0123681                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 RILEY, FRANK X.  
 14101 NW 4TH ST  
 SUNRISE, FL 33325

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

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

U00000374073  
 07/22/05-80007-012 550.00

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	RILEY, FRANK X.
STREET ADDRESS	14101 NW 4TH ST
CITY-ST-ZIP	SUNRISE, FL
TITLE	D
NAME	RILEY, HELEN
STREET ADDRESS	14101 NW 4TH ST
CITY-ST-ZIP	SUNRISE, FL
TITLE	D
NAME	PAT RILEY
STREET ADDRESS	14101 NW 4TH ST
CITY-ST-ZIP	SUNRISE, FL
TITLE	VP
NAME	RILEY, JAMES
STREET ADDRESS	14101 NW 4 ST
CITY-ST-ZIP	SUNRISE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_      7/18/05      954-845-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #