2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

NATURE AND TYPED OR PRINTED NAME OF

Sep 09, 2004 8:00 am Secretary of State **DOCUMENT # P02000075105** 08-02-2004 90019 029 ***150.00 I. BERNSTEIN ENTERPRISES, INC. Principal Place of Business Mailing Address 66433274 15314 INDIAN HEAD DRIVE TAMPA FL 33618 15314 INDIAN HEAD DRIVE TAMPA FL 33618 2. Principal Place of Business 3. Mailing Address 15314 Indian 15Ame Suite, Apt. #, etc. Suite! Apt. #, etc. 59-30001123 City & State City & State Applied For **AP-PLIED FOR** Not Applicable AMA Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERNSTEIN, ISIDORE-Street Address (P.O. Box Number is Not Acceptable) 15314 INDIAN HEAD DRIVE **TAMPA FL 33618** 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. FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 Make Check Payable to Florida Department of State late fee. By checking this box, the corporation certifies it, Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME BERNSTEIN, ISIDORE NAME 15314 INDIAN HEAD DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP **TAMPA FL 33618** CITY-ST-ZIP Secretary /Treasurer TITLE Delete ☐ Change Addition TITLE NAME NAME meglino / Terri STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZPP TITLE ☐ Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SY-ZIP 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 charged, or on an attachment with an address, with all other like empowered.

FILED