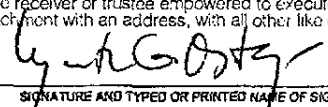


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000065912		
1. Entity Name BERNIE'S GARDEN CENTER, INC.		
Principal Place of Business 14650 SW KROME AVE MIAMI, FL 33196	Mailing Address 14650 SW KROME AVE MIAMI, FL 33196	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ORTEGA, BERNARDO JR 14100 SW 182 AVE MIAMI, FL 33196		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing) DATE _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
PT NAME: ORTEGA, BERNARDO JR STREET ADDRESS: 14100 SW 182 AVE CITY-STATE-ZIP: MIAMI, FL 33196	DO NOT WRITE IN THIS SPACE U00000544601 05/11/06-80042-012 150.00	
VPS NAME: ORTEGA, MARTA G STREET ADDRESS: 14100 SW 182 AVE CITY-STATE-ZIP: MIAMI, FL 33196		
NAME: STREET ADDRESS: CITY-STATE-ZIP:		
NAME: STREET ADDRESS: CITY-STATE-ZIP:		
NAME: STREET ADDRESS: CITY-STATE-ZIP:		
NAME: STREET ADDRESS: CITY-STATE-ZIP:		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Vice - Pres Date _____ Daytime Phone # _____