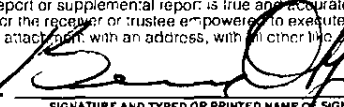


FILED
Apr 16, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000065912		
1. Entity Name BERNIE'S GARDEN CENTER, INC.		
Principal Place of Business 14650 SW 177 AVE MIAMI, FL 33196		Mailing Address 14650 SW 177 AVE MIAMI, FL 33196
		
4. FEI Number 81-0649611		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ORTEGA, BERNARDO JR 14650 SW 177 AVE MIAMI, FL 33196		
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 (applicable) (NOTE: Registered Agent signature required when re-registering) 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
		U000000900596 04/29/08-80034-011 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PT ORTEGA, BERNARDO JR 14650 SW 177 AVE MIAMI, FL 33196	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPS ORTEGA, MARTA G 14650 SW 177 AVE MIAMI, FL 33196	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE 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 attached form, with an address, with all other lives empowered.		
SIGNATURE  BERNIE ORTEGA PRES. 4.12.8 7862424443 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		