


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

03-24-2008 90044 031 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P99000000295**

1. Entity Name  
 BERN ENTERPRISES, INC.



Principal Place of Business  
 117 N.W. 9TH TERRACE  
 HALLANDALE, FL 33009

Mailing Address  
 117 N.W. 9TH TERRACE  
 HALLANDALE, FL 33009

66006593



02282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0892574

Applied For  
 Not Applicable


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

6. Name and Address of Current Registered Agent

GOUDISS, MORTON R ESQ.  
 1111 LINCOLN ROAD #325  
 MIAMI BEACH, FL 33139

**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:  DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remailing)

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

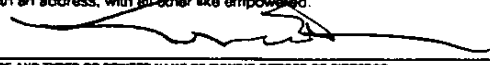
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BERN, KENNETH S
STREET ADDRESS	1037 B NW: 3 ST
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VP
NAME	BERN, MARLA
STREET ADDRESS	117 N.W. 9TH TERRACE
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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:  DATE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR