

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # 610610 1. Entity Name BERNUTH AGENCIES, INC.	
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Principal Place of Business 3201 NW 24TH ST RD MIAMI, FL 33142 US	Mailing Address 3201 NW 24TH ST RD MIAMI, FL 33142 US
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1989411	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MONOCANDILOS, JORDAN
3201 N.W. 24TH STREET ROAD
MIAMI, FL 33142**

**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.

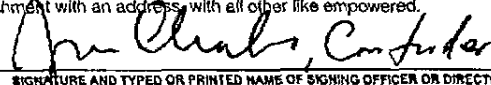
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000470110 03/27/06-80029-019 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONOCANDILOS, JORDAN 3201 N.W. 24TH ST. RD. MIAMI FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONOCANDILOS, THEODORA 3201 N.W. 24TH ST. RD. MIAMI FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHABO, JORGE 3201 N.W. 24TH ST. RD MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONOCANDILOS, NICOLAS 3201 NW 24TH ST RD MIAMI, FL 33142
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 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:  **3/13/06** **(201) 637 8963**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #