

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90010 009 ***158.75

DOCUMENT # 610610 1. Entity Name BERNUTH AGENCIES, INC.					
Principal Place of Business 3201 NW 24TH ST RD MIAMI, FL 33142 US			Mailing Address 3201 NW 24TH ST RD MIAMI, FL 33142 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1989411	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONOCANDILOS, JORDAN 3201 N.W. 24TH ST. RD. MIAMI FL.	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONOCANDILOS, THEODORA 3201 N.W. 24TH ST. RD. MIAMI FL.	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHABO, JORGE 3201 N.W. 24TH ST. RD MIAMI, FL 33142	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONOCANDILOS, NICOLAS 3201 NW 24TH ST RD MIAMI, FL 33142	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONOLANDILOS, EVANGELIA 3201 NW 24 ST RD MIAMI, FL 33142	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVANGELIA MONOCANDILOS	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition			
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: _____		3-12-08		305-637-8960	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	