

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 834441
 1. Entity Name
 BERNARD FOOD INDUSTRIES, INC.



Principal Place of Business 1125 HARTREY AVENUE BOX 1497 EVANSTON, IL 60204	Mailing Address 1125 HARTREY AVENUE BOX 1497 EVANSTON, IL 60204
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DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-2103797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEISELES, SANFORD
 8016 TRAVELERS TREE DR.
 BOCA RATON, FL 33433

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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, 2004 Fee will be \$550.00

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

UB0700119859
 04/19/04-80113-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BERNARD, STEVEN 1125 HARTREY AVE., P.O. BOX 1497 EVANSTON, IL 60204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BERNARD, JULES F 1125 HARTREY AVE., P.O. BOX 1497 EVANSTON, IL 60204
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filers empowered.

SIGNATURE: _____ Date: 4-5-04 Daytime Phone #: 847-869-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR