2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT** FILED **DOCUMENT #834441** Apr 10, 2007 08:00 A Secretary of State 1. Entity Name BERNARD FOOD INDUSTRIES, INC. Principal Place of Business Mailing Address 1125 HARTREY AVENUE 1125 HARTREY AVENUE BOX 1497 BOX 1497 EVANSTON, IL 60204 EVANSTON, IL 60204 No Chg-P CR2E034 (11/05) 04042007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-2103797 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEISELES, SANFORD DO NOT WRITE 8016-TRAVELERS TREE DR: BOCA RATON, FL 33433 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BERNARD, STEVEN NAME STREET ADDRESS 1125 HARTREY AVE., P.O. BOX 1497 CITY-ST-ZIP EVANSTON, IL 60204 TITLE NAME BERNARD, JULES F STREET ADDRESS 1125 HARTREY AVE., P.O. BOX 1497 CITY-ST-ZIP EVANSTON, IL 60204 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C!TY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-2007 8.

847-869-5222

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Daytime Phone #