

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90040 041 \*\*\*550.00

DOCUMENT # F94000006424  
 1. Entity Name  
 BERNARDI & ASSOCIATES, INC.



Principal Place of Business: 8 MARTIN RD, NOGALES, AZ 85621  
 Mailing Address: PO BOX 1925, NOGALES, AZ 85628

40126004



2. Principal Place of Business - No P.O. Box #: 8 MARTAN RD.  
 3. Mailing Address: Suite, Apt. #, etc.

07032007 Chg-P CR2E034 (12/06)

City & State: NOGALES, AZ

4. FEI Number: 86-0271594  
 Applied For: Not Applicable

Zip: 85621 Country: U.S.A.

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

6. Name and Address of Current Registered Agent  
 DE LA OSSA, JOE  
 11491 AXIS DEER LANE  
 FORT MYERS, FL 33912

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BERNARDI, ALBERT A	
STREET ADDRESS	8 MARTIN RD	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNARDI, JOSEPH F	
STREET ADDRESS	8 MARTIN RD	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	BERNARDI, JOAN M	
STREET ADDRESS	8 MARTIN RD	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNARDI, CATHERINE H	
STREET ADDRESS	8 MARTIN RD	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, ALBERT A.	
STREET ADDRESS	8 MARTAN RD.	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, JOSEPH F.	
STREET ADDRESS	8 MARTAN RD.	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, JOAN M.	
STREET ADDRESS	8 MARTAN RD.	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, CATHERINE H.	
STREET ADDRESS	8 MARTAN RD.	
CITY-ST-ZIP	NOGALES, AZ 85621	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Joe Bernardi Date: 7/24/07 Daytime Phone #: 520-221-4011