

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97504

1. Entity Name

BERN'S MADELAINE PRODUCTION  
INC.



FILED

11 MAY 18 AM 8:16

RECEIVED OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

526 PARK AVE. S

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

300207779563

05/17/11--01022--001 \*\*150.00

CR2E034B (1/11)

City & State

WINTER PARK FL

City & State

same

4. FEI Number

59 221 5379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

32789

Country

Orange

Zip

Country

7. Name and Address of Current Registered Agent

Name

Dominique Gutierrez

Street Address (P.O. Box Number is Not Acceptable)

526 PARK AVE. SOUTH

City

WINTER PARK

FL

Zip Code

32789

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

Signature of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

05/10/2011

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

lecafe@france@msn.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P  
GUTIERREZ, DOMINIQUE M  
5349 Cypress Reserve PL  
WINTER PARK FL 32792

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VST  
GUTIERREZ GORMAN  
5349 Cypress Reserve PL  
WINTER PARK FL 32792

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered, I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

05.10.2011 4076471869

5/18/2011