

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90013 015 ***150.00

DOCUMENT # H55240

1. Entity Name

1890 ENTERPRISES, INC.



Principal Place of Business

1505 SEABAY ROAD
FORT LAUDERDALE FL 33326
US

Mailing Address

P.O. BOX 26 6815
WESTON FL 33326
US



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

831 SW IDOL AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 880066

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

PORT ST. LUCIE, FL

Zip
34953

Country

City & State

PORT ST. LUCIE, FL

Zip
34988

Country

4. FEI Number

59-2513572

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNARD, RICHARD P
1505 SEABAY ROAD 831 SW IDOL AVE
FORT LAUDERDALE FL 33326
PORT ST. LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. This 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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNARD, RICHARD	
STREET ADDRESS	P.O. BOX 26 6815	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PEDVIS, CAROL	
STREET ADDRESS	P.O. BOX 26 6815	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 880066	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34988	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 880066	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34988	
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		
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 Section 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:

Richard P. Bernard PRES RICHARD P. BERNARD 2/4/08 (M) 204-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days: 128 From