

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042994

FILED
Apr 29, 2004
Secretary of State

Entity Name: BERNETTE ENTERPRISES, LLC

Current Principal Place of Business:

1725 MAIN ST., STE. 209
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1725 MAIN ST., STE. 209
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-0379449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOVAR, ILEANA A ESQ
ARIAS TOVAR & ASSOCIATES, P.A.
WESTON TOWN CTR, 1725 MAIN ST, STE 209
WESTON, FL 33326 US

Name and Address of New Registered Agent:

ARIAS TOVAR, ILEANA ESQ
ARIAS TOVAR & ASSOCIATES, P.A.
1725 MAIN ST, STE 209
WESTON, FL 33326 US

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.

SIGNATURE: ILEANA ARIAS TOVAR, ESQ.

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ARIAS, ANTONIO
Address: 1476 NW 168 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR () Delete
Name: VONK, PETER
Address: 1476 NW 168 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANTONIO ARIAS

MGR

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date