

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90003 028 ***150.00

DOCUMENT # L06420

1. Entity Name
BERNIES CC CORP.



Principal Place of Business

%BERNARD BERKOWITZ
20191 E COUNTRY CLUB DR PH#4
AVENTURA, FL 33180 US

Mailing Address

%BERNARD BERKOWITZ
20191 E COUNTRY CLUB DR PH#4
AVENTURA, FL 33180 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0144237

Applied For

Not Applicable

Zip *

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERKOWITZ, BERNARD
20191 E COUNTRY CLUB DR PH#4
AVENTURA, FL 33180

Name

Same

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BERKOWITZ, BERNARD**
CITY-ST-ZIP **20191 E COUNTRY CLUB DR PH4**
AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-16-04

305 937 1875

Attachment

44049072

L06420

7-10-04

Gentlemen: The first notice I received from you regarding the Corp. Tax was received sometime in early June. Since then I have called your office and spent numerous hours making phone calls to your office. I tried paying on the computer but I spent more time trying to figure out which buttons to click on and kept doing something wrong. I am enclosing my check for \$150.00 and hope that this will not happen again. Thank you.

B
Bernard Berkowitz

B

B
Bernies CC Corp, President



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