


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L91445</b> 1. Entity Name <b>BERNADETTE A.C.L.F., INC.</b>	
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Principal Place of Business <b>520 NW 2 AVE HALLANDALE, FL 33009 US</b>	Mailing Address <b>520 NW 2 AVE HALLANDALE, FL 33009 US</b>
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**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0214945</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LAZARUS, DAVID M. 1820 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VICTOR, GAIL 5572 SW 18TH ST W HOLLYWOOD, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VICTOR, JEAN CLAUDE 5572 S.W. 18TH STREET WEST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CLAUDIA, VICTOR 5572 SW 18TH ST W HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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04/28/04-80034-007.158.75

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:** *Gail Victor / Gail Victor President* **4/19/04** *954-454-0826*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #