2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000016328

1. Entity Name
BERNIE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2872 NW 28 ST BOCA RATON, FL 33434	2872 NW 28 ST BOCA RATON, FL 33434

04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1081996
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAN FILIPPO, MARSHA
2872 NW 28 ST
BOCA RATON, FL 33434

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PST
NAME	SAN FILIPPO, MARSHA
STREET ADDRESS	2872 NW 28 ST.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VP
NAME	SAN FILIPPO, PHILIP
STREET ADDRESS	2872 NW 28 ST.
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/04-80022-013 150.00

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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: Marsha San Filippo 4/30/04 561-852-7592
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #