


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90234 009 \*\*\*150.00

<b>DOCUMENT # P01000016328</b> 1. Entity Name <b>BERNIE ASSOCIATES, INC.</b>	
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Principal Place of Business <b>2872 NW 28 ST BOCA RATON, FL 33434</b>	Mailing Address <b>2872 NW 28 ST BOCA RATON, FL 33434</b>
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04292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1081996</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SAN FILIPPO, MARSHA 2872 NW 28 ST BOCA RATON, FL 33434</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST SAN FILIPPO, MARSHA 2872 NW 28 ST. BOCA RATON, FL 33434</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SAN FILIPPO, PHILIP 2872 NW 28 ST. BOCA RATON, FL 33434</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Marsha San Filippo **MARSHA SAN FILIPPO, PRES** 4/29/06 561-852-7892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #