


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000089517</b> 1. Entity Name <b>BEDNAR DESIGNS INTERNATIONAL, INC.</b>																	
Principal Place of Business <b>1977 NE 148TH STREET NORTH MIAMI FL 33181</b>			Mailing Address <b>1977 NE 148TH STREET NORTH MIAMI FL 33181</b>														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.														
City & State			City & State														
Zip		Country		Zip													
Country		Country		4. FEI Number <b>65-1145075</b> <input type="checkbox"/> 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>BEDNAR, JAMES M 1705 NE 137TH TERRACE N. MIAMI FL 33181</b>													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																	
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>														
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BEDNAR, JAMES M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1705 NE 137 TERRACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NORTH MIAMI FL 33181</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	BEDNAR, JAMES M		STREET ADDRESS	1705 NE 137 TERRACE		CITY - ST - ZIP	NORTH MIAMI FL 33181	
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NAME	BEDNAR, JAMES M																
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			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.		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	



MOORE CR2E034 (4/04)

**SIGNATURE:** James M. Bednar **JAMES M. BEDNAR, PRESIDENT** 6/23/04 (305) 944-4416