


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P02000001707 1. Entity Name DON BERNA, INC. |  |
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| Principal Place of Business 384 COCONUT CIR WESTON, FL 33326 | Mailing Address 384 COCONUT CIR WESTON, FL 33326 |
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01082006 No Chg-P CR2E034 (11/05)

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| 4. FCI Number 35-2169482 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GOMEZ, FABIO 384 COCONUT CIR WESTON, FL 33326 |
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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 _____ DATE _____
Signature for both or both names of registered agent and the corporation (the registered agent signature required when installing)

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

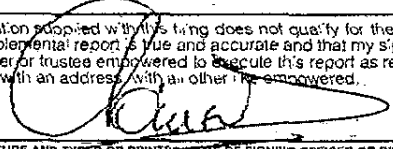
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY ST ZIP | DP GOMEZ, FABIO 384 COCONUT DR WESTON, FL 33326 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DV NARVAEZ, ANGELA M 384 COCONUT CIR WESTON, FL 33326 |
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01/13/06-80017-020 150.00

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12. I hereby certify that the information submitted 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 an other I am empowered.

SIGNATURE:  DATE: 01/09/06 (954)4487170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR