2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029694

Entity Name: BERNARD'S DELIVERY SERVICES, INC.

FILED Feb 17, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CARDONA, EDUARDO

2064 SW NEWPORT ISLES BLVD

PORT SAINT LUCIE, FL 34953

(X) Change () Addition

Current Principal Place of Business: New Principal Place of Business:

4953 SARATOGA RD. 2064 SW NEWPORT ISLES BLVD WEST PALM BEACH, FL 33415 PORT SAINT LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

2064 SW NEWPORT ISLES BLVD 4953 SARATOGA RD. PORT SAINT LUCIE, FL 34953 WEST PALM BEACH, FL 33415

FEI Number: 01-0623373 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARDONA, EDUARDO CARDONA, EDUARDO 2064 SW NEWPORT ISLES BLVD 4953 SARATOGA RD. WEST PALM BEACH, FL 33415 US PORT SAINT LUCIE, FL 34953

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.

SIGNATURE: 02/17/2007

> Electronic Signature of Registered Agent Date

> > Title:

Name:

Address:

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete CARDONA, EDUARDO Name: 4953 SARATOGA RD. Address:

City-St-Zip: WEST PALM BEACH, FL 33415

() Delete Title: VPD Name: CARDONA, BERNARDO 4953 SARATOGA RD. Address:

Title: VPD (X) Change () Addition Name: CARDONA, BERNARDO Address:

2064 SW NEWPORT ISLES BLVD PORT SAINT LUCIE, FL 34953 WEST PALM BEACH, FL 33415 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARDONA EDUARDO PD 02/17/2007