


**2007-FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000127814 1. Entity Name BERNARD INVESTMENTS, INC.	
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Principal Place of Business 15322 SW 72ND ST #11 MIAMI, FL 33193	Mailing Address 15322 SW 72ND ST #11 MIAMI, FL 33193
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04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2304479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NARDO, BERNARDO J 15312 S.W 72ND STREET BLDG 21 #13 MIAMI, FL 33193
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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 and file if applicable (NOTE: Registered Agent signature required when reinstating)	
SIGNATURE _____ <small>Signature, typed or print</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS NARDO, BERNARDO J 15322 SW 72ND ST #11 MIAMI, FL 33193
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05/01/07-80030-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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.	
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SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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