

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000008627

1. Entity Name  
BERNALES ENTERPRISES, INC.



FILED

04 MAY 17 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
550 SW 115 AVE APT 12  
MIAMI, FL 33174

Mailing Address  
550 SW 115 AVE APT 12  
MIAMI, FL 33174



2. Principal Place of Business  
15172 S.W. 13th Terrace  
Suite, Apt. #, etc.

3. Mailing Address  
15172 S.W. 13th Terrace  
Suite, Apt. #, etc.

05062004 Chg-P CR2E034 (10/03)

City & State  
Miami, Florida  
Zip 33194 Country US

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Miami, Florida  
Zip 33194 Country US

4. FEI Number 65-1169497  
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERNALES, MARIA E  
550 SW 115 AVE APT 12  
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name MARIA E. Bernales  
Street Address (P.O. Box Number is Not Acceptable)  
15172 S.W. 13th Terrace  
City Miami FL Zip Code 33194

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

FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	BERNALES, MARIA E	
STREET ADDRESS	550 SW 115 AVE APT 12	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNALES, MARIA E	
STREET ADDRESS	15172 S.W. 13th Terrace	
CITY-ST-ZIP	MIAMI, Florida 33194	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.

SIGNATURE:

05/06/04 (305) 226 9429  
Date Daytime Phone #

ATTACHMENT

May 6, 2004

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

**REF: BERNALES ENTERPRISE, INC.**  
**P03000008627**

To whom this may concern:

I am requesting that you waive the penalty fees for not filing my 2004 UBR Report due to the fact that I never received the UBR Report for this year. I have enclosed the fees to reinstate this corporation along with a downloaded UBR Report. I have made all the necessary changes on the UBR Report.

**Please note: My new business address is 15172 S.W. 13<sup>th</sup> Terrace, Miami, Florida 33194.**

Thank you,

  
Maria E. Bernales  
President

MEB;bms