


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
Feb 11, 2008 08:00 AM  
Secretary of State

**DOCUMENT # P03000084612**  
1. Entity Name  
**ALEXANDER BERNALDO P.A.**



Principal Place of Business  
**9225 SW 10TH TERRACE  
MIAMI, FL 33174**

Mailing Address  
**9225 SW 10TH TERRACE  
MIAMI, FL 33174**

**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**57-1175433**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BERNALDO, ALEXANDER  
9225 SW 10TH TERRACE  
MIAMI, FL 33174**

**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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000821583  
02/19/08-80033-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BERNALDO, ALEXANDER
STREET ADDRESS	9225 SW 10TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D
NAME	BERNALDO, BARBARA J
STREET ADDRESS	9225 SW 10TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 files empowered.

SIGNATURE: *Alexander Bernaldo* Date: 2/5/08 305 583-7122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR