


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90015 016 ***558.75

DOCUMENT # P04000058745 1. Entity Name BERARDO'S CORPORATION			
Principal Place of Business 108 - 50TH AVENUE DRIVE WEST BRADENTON, FL 34207		Mailing Address 108 - 50TH AVENUE DRIVE WEST BRADENTON, FL 34207	
2. Principal Place of Business 800 2nd Ave N.E. Suite, Apt. #, etc.		3. Mailing Address 3642 Radnor PL Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State Sarasota, FL	
Zip 33701		Zip 34232	
Country U.S.A.		Country U.S.A.	
4. FEI Number 20-1584439		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILLO, JOSE B 108 - 50TH AVENUE DRIVE WEST BRADENTON, FL 34207		7. Name and Address of New Registered Agent Name Castillo, Jose B. Street Address (P.O. Box Number is Not Acceptable) 3642 Radnor PL City Sarasota FL Zip Code 34232	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8/28/05 941-685-8072 <small>Date Daytime Phone #</small>	