


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90192 005 \*\*\*150.00

**DOCUMENT # P04000097237**

1. Entity Name  
**JOSEPH BERNARDES, INC.**



Principal Place of Business <b>3718 LANDINGS WAY DR.          103          TAMPA, FL 33624</b>	Mailing Address <b>3718 LANDINGS WAY DR.          103          TAMPA, FL 33624</b>
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**50036596**

2. Principal Place of Business <b>4026 ARROYO LANE</b>	3. Mailing Address <b>4026 ARROYO LANE</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>TAMPA, FL</b>	City & State <b>TAMPA, FL</b>
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Zip <b>33624</b>	Country <b>US</b>	Zip <b>33624</b>	Country <b>US</b>
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03242005 Chg-P CR2E034 (10/03)

4. FEI Number <b>51-0516152</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**BERNARDES, JOSE  
 3718 LANDINGS WAY DR.  
 103  
 TAMPA, FL 33624**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BERNARDES, JOSE		NAME	
STREET ADDRESS 3718 LANDINGS WAY DR., #103		STREET ADDRESS <b>4026 ARROYO LANE</b>	
CITY-ST-ZIP TAMPA, FL 33624		CITY-ST-ZIP <b>TAMPA, FL 33624</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 emp. powered.

SIGNATURE: *Joseph Bernardes* **4.9.05** **813-265-3223**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #