

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90100 044 \*\*\*150.00

**DOCUMENT # P04000097237**

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



Principal Place of Business  
**4026 ARROYO LANE**  
**TAMPA, FL 33624**

Mailing Address  
**4026 ARROYO LANE**  
**103**  
**TAMPA, FL 33624**

**50011131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**103**

Suite, Apt. #, etc.

04012006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**51-0516152**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4026 ARROYO LANE # 103**  
 City **TAMPA** FL Zip Code **33624**

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 **04-10-2006**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>BERNARDES, JOSE</b>
STREET ADDRESS	<b>4026 ARROYO LANE</b>
CITY-ST-ZIP	<b>TAMPA, FL 33624</b>
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	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>4026 ARROYO LANE # 103</b>
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	
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 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.

SIGNATURE:

DATE **04-10-06**

Date Daytime Phone #