


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90277 010 ***150.00

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|---|--|--|--|--|--|
| DOCUMENT # P04000105804 1. Entity Name BERNAL GALLARDO ENTERPRISE INC. | | | |  | |
| Principal Place of Business 9802 COSTA DEL SOL BLVD DORAL, FL 33178 | | | Mailing Address 9802 COSTA DEL SOL BLVD DORAL, FL 33178 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 51-0517498 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GALLARDO, MARIA A 9802 COSTA DEL SOL BLVD -- DORAL, FL 33178 | | | | 7. Name and Address of New Registered Agent Name ROSA BERNAL Street Address (P.O. Box Number is Not Acceptable) 1840 W 52 ST. apt 302 City Hialeah FL 33012 | |
| 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 <u>Rosa Bernal M.</u> DATE 2-9-05 <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 \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 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 | P GALLARDO, MARIA A 9802 COSTA DEL SOL BLVD DORAL, FL 33178 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Rosa Bernal 1840 W. 52 ST apt 302 Hialeah, FL 33012 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BERNAL, ROSA 1840 W 52 ST APT 302 HIALEAH, FL 33012 | <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: <u>Rosa Bernal M.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 2-9-05 Daytime Phone # 305-821-0118 | | |

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02092005 Chg-P CR2E034 (10/03)