


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90031 024 \*\*\*150.00

**DOCUMENT # P04000107230**

1. Entity Name  
**FRANCISCO BERMUDEZ, INC.**



Principal Place of Business      Mailing Address  
**1505 W 25TH #305**      **1505 W 25TH #305**  
**SANFORD, FL 32771**      **SANFORD, FL 32771**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**40101127**



07172006      Chg-P      CR2E034 (11/05)

4. FEI Number: **20-1360119**      Applied For:  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BERMUDEZ, FRANCISCO**  
**1505 W 25TH #305**  
**SANFORD, FL 32771**

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BERMUDEZ, FRANCISCO 1505 W 25TH #305 SANFORD, FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Francisco Bermudez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07. 25 06  
 Date      Daytime Phone #

407-3-83-13-62 Cellular  
 407-3-88-88-25 Home

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000107230

1. Corporation Name  
FRANCISCO BERMUDEZ, INC.

2. Principal Office Address  
1505 W. 25th.

Suite, Apt. #, etc.  
# 305

City & State  
SANFORD, FL.

Zip  
32771

ATTACHMENT

40101127  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida  
07-12-04

5. FEI Number  
20-1360119

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City State Zip Code  
FL

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Francisco Bermudez 07 25 06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407-383-1362 Celu  
407-323-88-25 HOM

ATTACHMENT

40101127

FL, 7124106

**FROM : FRANCISCO BERMUDEZ INC.  
DOCUMENT NUMBER : P04000107230**

**TO : DIVISION OF CORPORATION | REINSTATEMENT**

**I'M WRITING THIS LETTER TO TELL YOU THAT I DID NOT RECEIVE MY  
ANNUAL REPORT ,THAT WHY I'M LATE.  
COULD YOU WAIVE THE LATE FEE ,IT'S MY FIRST TIME THAT I'M LATE  
INCLOSE IS A CHECK OF \$150.00 DOLLARS FOR THE FEE TO FILE.**

**THANK YOU**

**FRANCISCO BERMUDEZ**

*Francisco Bermudez*