

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90067 034 ***150.00

DOCUMENT # P04000159910					
1. Entity Name BERNIE THE BUILDER, INC.					
Principal Place of Business 15030 COCONUT AVE MIAMI LAKES, FL 33016			Mailing Address 15030 COCONUT AVE MIAMI LAKES, FL 33016		
2. Principal Place of Business 15030 Coconut Ave.		3. Mailing Address 15030 Coconut Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami Lakes, FL		City & State Miami Lakes, FL		4. FEI Number 87-0735898	
Zip 33014		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARIBONA, BERNARDO 15030 COCONUT AVE. MIAMI LAKES, FL 33016			7. Name and Address of New Registered Agent Name: MARIBONA, Bernardo Street Address (P.O. Box Number is Not Acceptable): 15030 COCONUT AVE. City: Miami Lakes, FL Zip Code: 33014		
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: _____					
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	D MARIBONA, BERNARDO 15030 COCONUT AVE. MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President. MARIBONA, Bernardo 15030 COCONUT AVE. MIAMI LAKES, FL 33014	
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	
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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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	
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 _____			Date: 3/24/05 (305) 4088-1716		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					