2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042483

Name:

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Entity Nam	IE: BERNARD	INO SERVICES, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1573 MATHEW DR						
FORT MYERS, FL 33907						
Current Mailing Address:				New Mailing Address:		
1573 MATHEW DR						
4 FORT MYERS, FL 33907						
FEI Number:	20-8811890	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
METRO BU 5245 RAMS STE 4	ITIONS, INC	4460 CLE\	METRO BUSINESS AGENCY INC 4460 CLEVELAND AVE E			
				FORT MYERS, FL 33901 US		
The above in the State	named entity su of Florida.	ıbmits this statement for the pu	rpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATURE: HANNA SRODA				04/29/2009		
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () EBERNARDINO, J 1573 MATHEW E FORT MYERS, F	R #4	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () [RODRIGUES, SE 1573 MATHEW [FORT MYERS, F	PR #4	Title: Name: Address: City-St-Zip:		(X) Change () Addition ILHO, JAIR IRT AVE LOT 36 RS, FL 33901	
Title:	1()	Pelete	Title:	D	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

DA SILVA, WERTON P 1573 MATHEW DR #4

FORT MYERS, FL 33907

SIGNATURE: JOSIMAR BERNARDINO P 04/29/2009