2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000045771

1. Entity Name
BERT JOHNSON AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3840 N.W. 185TH STREET MIAMI, FL 33055	3840 N.W. 185TH STREET MIAMI, FL 33055

DO NOT WRITE IN THIS SPACE

04152004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0495469	Not Applicable

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

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

JOHNSON, ALBERTHA
3840 N.W. 185TH STREET
MIAMI, FL 33055

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, ALBERTHA
STREET ADDRESS	3840 N.W. 185TH STREET
CITY-ST-ZIP	MIAMI, FL 33055

TITLE	
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04/19/04-80101-013 150.00

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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: _____Albertha Johnson_____ 4/15/04 305/620-9906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #