2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082120

Entity Name: BERNINI OF YBOR, INC.

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1702 E 7T TAMPA, F		3			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX TAMPA, F	76849 L 336751849	US			
FEI Number	: 59-3340085	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
DE LA GR 1710 E. 71 TAMPA, F		5			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (DE LA GRANA 1710 E SEVEN TAMPA, FL 33	ITH AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MST (FERNANDEZ, 917 CIMMERO TAMPA, FL 33	N DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	VP (GONZALEZ-RO 2910 N. SHOR TAMPA. FL 33	EVIEW PL	Title: Name: Address: Citv-St-Zip:	() Change () 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.

SIGNATURE: JASON FERNANDEZ MST 02/16/2009