2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000026279

1. Entity Name
BERNA, INC.

Principal Place of Business	Mailing Address
FABIO GOMEZ 384 COCONUT CIRCL WESTON, FL 33326	384 COCONUT CIRCLE WESTON, FL 33326

DO NOT WRITE IN THIS SPACE

03252007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0833872	Not Applicable

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

---

6. Name and Address of Current Registered Agent

FABIO, GOMEZ A
384 COCNUT CIRCLE
FORT LAUDERDALE, FL 33326

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U00000731212
05/08/07-80111-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	GOMEZ, FABIO
STREET ADDRESS	384 COCONUT CIRCLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326

TITLE	VP
NAME	NARVAEZ, ANGELA M
STREET ADDRESS	384 COCONUT CIRCLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33326

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ (Angela M. Narvaez) VP.   04/23/07   (9VV) 4V8VV30
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #