2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State 02-25-2008 90048 036 ***150.00

DOCUMENT # P98000054724 1. Entity Name BERNWAL TRADING COMPANY, INC.						191233				
Principal Place of Business		Mailing Address	Mailing Address			40031233				
5374 CORTEZ CT CAPE CORAL, FL 33904		AST 825 SE 47TH TER CAPE CORAL, FL 33904			· 			(LEBIS 47 E18(11 1.31 4 11 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02202008	Chg-P	CR2E03	34 (12/06)		
City & State		City & State			65-0937428 Not Ap			plied For t Applicable		
Zip	Country	Zip ·	Countr	у		of Status Desired	F	8.75 Addi ee Required		
	6. Name and Address of Curre	7. Name and Address of New Registered Agent Name								
DIETZ, RALF				Nanig						
126 SE 40			Street Addre			er is Not Acceptable)			
				City			FL	Zip Code		
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 site of applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		ND DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTORS	3 IN 11	
TITLE NAME			TITLE					Change	Addition	
STREET ADDRESS	· ·		NAME STREE	T ADDRESS						
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-	ST-ZIP						
TITLE	D	☐ Delete	TITLE		/D			X Change	Addition	
NAME STREET ADDRESS	RINGHOF, WALTRAUD H		NAME			VALTRAUD H				
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY	ST-ZIP Č		EZ CT L FL 33904				
TITLE NAME		☐ Delete	TITLE		/D	AATUT A C		☐ Change	Addition	
STREET ADDRESS					RINGHOF, N 5374 CORTH					
CITY - ST - ZIP			CITY-:	ST-ZIP C	CAPE CORAL	L. FL 33904	.			
TITLE		Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME	T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
TITLE	,	☐ Detete	TITLE					☐ Change	Addition	
NAME			NAME	I						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
TITLE	191	☐ Delete	THTLE					☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP		7.4		T ADORESS ST-ZIP						
1 '1	certify that the information supplied v	With this filing does not qualify			ned in Chapter 11	9, Florida Statutes. I	further cert	ily that the ir	nformation	
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 reports true and accurage 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 Skepter 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 attagment with an address, with at other kee empowered.										
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