

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2004 08:00 AM  
Secretary of State

|                                       |                                                                                   |
|---------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P98000055200               |  |
| 1. Entity Name<br>BERNY'S CORPORATION |                                                                                   |

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br>10097 CLEARY BLVD., STE. 313<br>PLANTATION, FL 33324 | Mailing Address<br>10097 CLEARY BLVD., STE. 313<br>PLANTATION, FL 33324 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



04112004 No Chg-P CR2E034 (10/03)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>65-0849498                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>BERNAL, ARTURO<br>10414 NW 24TH PLACE APT 401<br>SUNRISE, FL 33322-6395 |
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when resigning)

|                                                                       |                                                                                                                            |                                           |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | 000000116229<br>04/16/04-80056-001 155.00 |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>BERNAL, ARTURO<br>10414 NW 24TH PLACE APT 401<br>SUNRISE, FL 33322 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |

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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)(f), 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: <u>Arturo Bernal</u>                                                   | 4-12-04                             |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |