


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90067 026 \*\*\*150.00

<b>DOCUMENT # P99000060025</b>	
1. Entity Name <b>BERNIE BUSINESS PARK, INC.</b>	

Principal Place of Business <b>10030 COCONUT AVENUE HIALEAH, FL 33014</b>	Mailing Address <b>C/O IVAN A. GOMEZ ESQ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131</b>
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2. Principal Place of Business <b>15030 COCONUT Ave.</b>	3. Mailing Address <b>15030 COCONUT Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

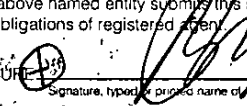
City & State <b>Hialeah, FL</b>	City & State <b>Hialeah, FL</b>
Zip <b>33014</b>	Zip <b>33014</b>
Country <b>U.S.</b>	Country <b>U.S.</b>



03242005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0932420</b>		Applied For <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 <b>IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DRIVE, SUITE 507 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Bernardo Maribona</b> Street Address (P.O. Box Number is Not Acceptable) <b>15030 COCONUT AVENUE.</b> City <b>Hialeah</b> FL <b>33014</b>

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 **3/24/05**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARIBONA, BERNARDO 15030 COCONUT AVENUE HIALEAH, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD HERNANDEZ, JUAN CARLOS 10287 N.W. 135 STREET HIALEAH GARDENS, FL 33018</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  DATE **3/24/05** (305) **088-1716**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR