2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104451

Address:

City-St-Zip:

P O BOX 61609

FORT MYERS, FL 33906

Entity Name: BERNARDO ENTERPRISE, INC

FILED Apr 22, 2008 Secretary of State

Littly Nai	IIIC. DERNAR	DO LIVIERFRISE, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
	ARD STREET ERS, FL 3390			
Current Mailing Address:			New Mailing Address:	
P. O. BOX FORT MY	.61609 ERS, FL 3390	6		
FEI Number	: 65-0965598	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
BERNARDO, LUIZ C 4790 S. CLEVELAND AVENUE # 2007 FORT MYERS, FL 339071327 US			BERNARDO, LUIZ C 1710 DALE AVE LEHIGH ACRES, FL 3	33971 US
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATURE:				04/22/2008
	Electron	nic Signature of Registered Age	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (BERNARDO, L P. O. BOX 616 FORT MYERS,	09	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (PATTERSON, I P. O. BOX 616 FORT MYERS,	09	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD (BERNARDO, IN P. O. BOX 616 FORT MYERS,	09	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	VPD (COSTA, ELENI) Delete LTON	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: LUIS BERNARDO PRES 04/22/2008