2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

DOCUMENT # P04000097237 1. Entity Name JOSEPH BERNARDES, INC.					03-23-2007 90022 028 ***150.00				
Principal Plac 4026 ARRO 103 TAMPA FL		Mailing Address 4026 ARROYO LANE 103 TAMPA FL 33624							
2, Principal Place of Business - No P.O. Box # 3. Mailing Address +OLD ORPOYO LN Suite, Apl. #, etc. Suite, Apl. #, etc.			Same Same Same]				
		Suite, Apt. #, etc.	2	ame			34 (10/06)		
City & Stat		City & State	,	Same	4. FEI Numi	^{∞r} 51-0516152	<u> </u>	Applied For Not Applicable	
3362	4 HILLS GOROUGH	Zip	Coun	Same	5. Certificati	e of Status Desired	\$8.75 A		
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent				
BERNARDES, JOSE 4026 ARROVO LANE 103				Street Address (P.O. Box Number is Not Acceptable)					
TA	MPA FL 33624			City		F	Zip Co	de	
8. The above	named entity submits this statement for	We purpose of changing its	register	ed office or registe	red agent, or bo		 _!	and accept	
8. The above named ontity 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 30-30-07 Signature Superior of printed nerve of registered agent and title r approache. (NOTE: Registered Agent arginature required when reinstaturg) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees								, ,	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS	I /CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CYTY-ST-ZIP	P BERNARDES, JOSE 4026 ARROYO LANE, #103 TAMPA FL 33624	Octobe					□ Change	☐ Addition }	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ø Delete					☐ Change	Addition	
THUE NAME SERFET ADDRESS _CITY-SI-ZIP		Delete					□ Change 	Addition	
HITLL NAME SIPLEI ADORESS CITY-SI-ZIP		⊠ Ociete		1			☐ Change	Addition	
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TITLE MANE SIREET ADDRESS CITY-SI-ZIP		J≥3. Deleje		4			☐ Change	Addition	
12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Soction 119. Florida Statutes, I further cortify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to exempt 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 report as required by Chapter 607.									
SIGNATURE: SIGNATURE: 03-30-07 (83)265-3223									