

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F29755

FILED
Jan 19, 2004
Secretary of State

Entity Name: BEE. L. INC.

Current Principal Place of Business:

C/O DR.MORTIMER LECHTER
1 WESTMOUNT SQUARE,SUITE 427
WESTMOUNT, QC h3z 2p9 CA

New Principal Place of Business:

C/O DR.MORTIMER LECHTER
1 WESTMOUNT SQUARE,SUITE 427
WESTMOUNT, QC H3Z 2P9 CA

Current Mailing Address:

C/O DR.MORTIMER LECHTER
1 WESTMOUNT SQUARE,SUITE 427
WESTMOUNT, QC h3z 2p9 CA

New Mailing Address:

C/O DR.MORTIMER LECHTER
1 WESTMOUNT SQUARE,SUITE 427
WESTMOUNT, QC H3Z 2P9 CA

FEI Number: 59-2516092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCUS, ALAN J
20803 BISCAYNE BLVD STE 301
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCPV () Delete
Name: MORTIMER, LECTHER
Address: 1 WESTMOUNT SQ. #427
City-St-Zip: WESTMOUNT QC CANADA, H3Z 2PG

Title: ST () Delete
Name: LECHTER, MORTIMER
Address: 1 WESTMOUNT SQ/ #427
City-St-Zip: WESTMOUNT QC CANADA, H3Z 2PG

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MORTIMER LECHTER

DR.

01/19/2004

Electronic Signature of Signing Officer or Director

_____ Date