

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000077809

1. Entity Name
BEAD PALACE, INC.



Principal Place of Business

630 E 4TH AVE.
HIALEAH, FL 33010

Mailing Address

630 E 4TH AVE.
HIALEAH, FL 33010

DO NOT WRITE IN THIS SPACE

(P00000077809P)

01182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1031807

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, ADYS B
630 E 4 AVE
HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000111937
04/14/04-80002-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME ALVAREZ, ADYS B
STREET ADDRESS 630 E 4 AVE
CITY-ST-2P HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-2P

TITLE
NAME
STREET ADDRESS
CITY-ST-2P

TITLE
NAME
STREET ADDRESS
CITY-ST-2P

TITLE
NAME
STREET ADDRESS
CITY-ST-2P

TITLE
NAME
STREET ADDRESS
CITY-ST-2P

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/04 (305) 884-4090