


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
Feb 26, 2007 08:00 AM  
Secretary of State

DOCUMENT # P02000047405		
1. Entity Name BEHAR FAMILY INC.		
Principal Place of Business 16445 COLLINS AVENUE #724 MIAMI BEACH, FL 33160	Mailing Address 16445 COLLINS AVENUE #724 MIAMI BEACH, FL 33160	



02212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-3081518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WOLFE, RICHARD C ESQ.  
ONE BISCAYNE TOWER - SUITE 2400  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEHAR, MOISES 16445 COLLINS AVENUE #724 MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEHAR, MERCEDES 16445 COLLINS AVE #724 MIAMI BEACH, FL 33160
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**DO NOT WRITE IN THIS SPACE**

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03/06/07-80041-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Moises Behar PRES.      2/22/2007 305 956-2767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #