

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000028169 1. Entity Name BETANCES, INC.	
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Principal Place of Business 12445 S DIXIE HWY MIAMI, FL 33156-5934	Mailing Address 12445 S DIXIE HWY MIAMI, FL 33156-5934
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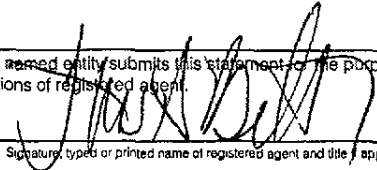
01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0061209	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERTHIN, LUIS A 12445 S DIXIE HWY MIAMI, FL 33156-5934

**DO NOT WRITE
IN THIS SPACE**

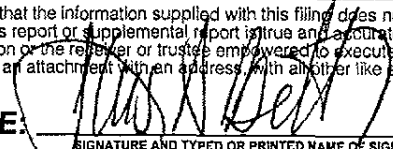
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	LUIS BERTHIN (NOTE: Registered Agent signature required when reinstating)	1/10/05 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETANCES, TANIA M 12445 S DIXIE HWY MIAMI, FL 331565934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERTHIN, LUIS A 12445 S DIXIE HWY MIAMI, FL 331565934
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02/18/06-80087-025 150.00

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IN THIS SPACE**

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: 	LUIS BERTHIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/10/05 Date Daytime Phone #