## 2005 FOR PROFIT CORPORATION

## Sep 06, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000158047** 09-06-2005 90138 002 \*\*\*150.00 **B & E HOUSE REFORM INC** Principal Place of Business Mailing Address 50065200 3918 W EDEN ROCK CIR 3918 W EDEN ROCK CIR TAMPA, FL 33634 TAMPA, FL 33634 2. Principal Place of Business 3. Mailing Address N-River 9014 N. 9014 Suite, Apt. #, etc. Suite, Apt. #, etc. 09012005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State Ampa FL 20-2819949 Tampa Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33631 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kamirez PEREZ, RALPH Street Address (P.O. Box Number is Not Acceptable) 10921 AIRVIEW DR 9014 N. River TAMPA, FL 33625 City TAmpa Zip Code 336 35 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 Kamirez Γa (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b): F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE TITLE Change Addition RESTREPO, BEATRIZ NAME NAME 3918 W EDEN ROCK CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33634 CITY-ST-ZIP Delete ☐ Channe ☐ Addition TITLE TITLE RAMIREZ, ESTEFANIA NAME 3918 W EDEN ROCK CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33634 CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

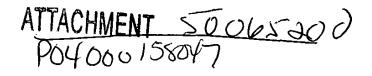
**FILED** 

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.

CITY-ST-ZIP

SIGNATURE:	<b>→</b> .	5/1105	
	PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CITY-ST-ZIP



## **B & E HOUSE REFORM INC**

9014 N River Rd Tampa, Fl 33635

Dear Sir / Madam:

We did not receive our annual report form. We contacted your office and was advised to send the report by mail we this letter.

Sincerely Beatriz Restrepo President