

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158047

FILED
Apr 11, 2007
Secretary of State

Entity Name: B & E HOUSE REFORM INC

Current Principal Place of Business:

9014 N RIVER RD
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

9014 N RIVER RD
TAMPA, FL 33635

New Mailing Address:

FEI Number: 20-2819949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, ESTEFANIA
9014 N RIVER RD
TAMPA, FL 33635 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: P () Delete
Name: RESTREPO, BEATRIZ
Address: 3918 W EDEN ROCK CIR
City-St-Zip: TAMPA, FL 33634

Title: S () Delete
Name: RAMIREZ, ESTEFANIA
Address: 3918 W EDEN ROCK CIR
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RESTREPO, BEATRIZ
Address: 9014 N RIVER RD
City-St-Zip: TAMPA, FL 33635

Title: S (X) Change () Addition
Name: RAMIREZ, ESTEFANIA
Address: 9014 N RIVER RD
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ESTEFANIA RAMIREZ

S

04/11/2007

Electronic Signature of Signing Officer or Director

_____ Date