

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90080 037 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000133932						
1. Entity Name BEGHINI CONSTRUCTION CORP.						
Principal Place of Business 5605 PGA BLVD 2828 ORLANDO, FL 32835			Mailing Address 5605 PGA BLVD 2828 ORLANDO, FL 32835			
2. Principal Place of Business 2120 FAIRMONT CIR Suite, Apt. #, etc.			3. Mailing Address 2120 FAIRMONT CIR Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 20-0449295		
Zip 32837-6786		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BEGHINI, ITAMAR 5605 PGA BLVD 2828 ORLANDO, FL, FL 32835				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2120 FAIRMONT CIR ORLANDO City FL Zip Code 32837-6786		
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 ITAMAR BEGHINI 01-11-06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD BEGHINI, ITAMAR 5605 PGA BLVD #2828 ORLANDO, FL 32826		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2120 FAIRMONT CIR ORLANDO, FL 32837-6786	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EMILIANO, JEFFERSON 1922 ISLAND CIRCLE APT 21 BLDG 204 ORLANDO, FL 34741		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: ITAMAR BEGHINI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-11-06 321-689-8571 <small>Date Daytime Phone #</small>			