

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 569056		
1. Entity Name BEAVER PROPERTIES, INC.		
Principal Place of Business 290 SW 12 AVENUE DEERFIELD BEACH, FL 33442 US	Mailing Address 290 SW 12 AVENUE DEERFIELD BEACH, FL 33442 US	



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1819570	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SABGA, PETER
290 SW 12 AVENUE
DEERFIELD BEACH, FL 33442

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

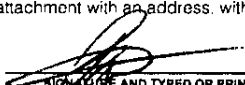
TITLE	PSTD
NAME	SABGA, PETER
STREET ADDRESS	290 SW 12 AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	DV
NAME	SABGA, JOSEPH
STREET ADDRESS	290 SW 12 AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	SABGA, EMILE
STREET ADDRESS	290 SW 12 AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/08-80008-023 150.00

**DO NOT WRITE
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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08
Date

954-425-0295
Daytime Phone #