

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149723

Entity Name: BEJJCO OF FLORIDA, INC.**Current Principal Place of Business:**1109 N RIVERHILLS DR
TEMPLE TERRACE, FL 33617**Current Mailing Address:**P.O. BOX 16681
TEMPLE TERRACE, FL 33687**FEI Number: 43-2065010****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SELENGUT, ARNOLD H
1109 N RIVERHILLS DR
TEMPLE TERRACE, FL 33617 US*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**Officer/Director Detail :**

Title	PD
Name	SELENGUT, ARNOLD H
Address	1109 N RIVERHILLS DR
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	V
Name	SELENGUT, JEREMY
Address	1109 NORTH RIVERHILLS DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	V
Name	SELENGUT, REBECCA
Address	1109 NORTH RIVERHILLS DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	ST
Name	HUNTER, BRENDA
Address	1109 NORTH RIVERHILLS DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	V
Name	SELENGUT, JESSE
Address	1109 NORTH RIVERHILLS DRIVE
City-State-Zip:	TEMPLE TERRACE FL 33617

I hereby 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 all other like empowered.

SIGNATURE: ARNOLD H. SELENGUT**PRESIDENT****01/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date