

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000021687

**Entity Name:** 2BEANZ, INC.

**Current Principal Place of Business:**

5360 MEDICINE BOW ST  
MILTON, FL 32570

**Current Mailing Address:**

5360 MEDICINE BOW ST  
MILTON, FL 32570 US

**FEI Number:** 82-0846098

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COLE, MARK AARON  
5360 MEDICINE BOW ST  
MILTON, FL 32570 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:** MARK COLE

08/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | RA                   | Title           | D, DIRECTOR          |
| Name            | COLE, MARK           | Name            | COLE, BRIANA JAYLYNN |
| Address         | 5360 MEDICINE BOW ST | Address         | 5360 MEDICINE BOW ST |
| City-State-Zip: | MILTON FL 32570      | City-State-Zip: | MILTON FL 32570      |

*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:** MARK COLE

RA

08/16/2018

Electronic Signature of Signing Officer/Director Detail

Date