


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 111794 1. Entity Name BECKWITT OPTICAL COMPANY	
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Principal Place of Business
**C/O BEATRICE ENGEL
8425 SW 80 PLACE
MIAMI, FL 33143**

Mailing Address
**C/O BEATRICE ENGEL
8425 SW 80 PLACE
MIAMI, FL 33143**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0159430	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ENGEL, BEATRICE B
8425 SW 80 PLACE
MIAMI FL, FL 33143**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BECKWITT, JULES 775 107TH ST, OCEAN MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ENGEL, BEATRICE B 8425 SW 80 PLACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ENGEL, MATT A 1181 JESSAMINE LAKE CT ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAGUETTE, HORTENSE 250 HAMMOND POND PKWY #401 SOUTH CHESTNUT HILL, MA 02467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLETCHER, KAREN E 7631 EAST CYPRESS HEAD DR PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/01/06-80037-013 150.00

**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: Beatrice B. Engel, PTD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/06 305-279-9952
Date Daytime Phone #