2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 431151

1. Entity Name
BETA INDUSTRIES, INC.

Principal Place of Business	Mailing Address
6900 NW 52 ST	P O BOX 523663
P.O. BOX 523663	P.O. BOX 523663
MIAMI, FL 33166 US	MIAMI, FL 33152-3663 US

DO NOT WRITE IN THIS SPACE

FILED

Sep 11, 2008 08:00 AM
Secretary of State

05062008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1482084	Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASERTA, BERNARD
6900 NW 52 ST
MIAMI, FL 33166

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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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASERTA, BERNARD
STREET ADDRESS	6900 NW 52 ST
CITY-ST-ZIP	MIAMI, FL

TITLE	STD
NAME	CASERTA, BERNARD
STREET ADDRESS	6900 NW 52 ST
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/11/08-80004-017 158.75

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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   Date   Daytime Phone #