

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 431151

Entity Name: BETA INDUSTRIES, INC.

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

6900 NW 52 ST  
P.O. BOX 523663  
MIAMI, FL 33166 US

## New Principal Place of Business:

6900 NW 52 ST  
MIAMI, FL 33166 US

## Current Mailing Address:

P O BOX 523663  
P.O. BOX 523663  
MIAMI, FL 331523663 US

## New Mailing Address:

FEI Number: 59-1482084      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CASERTA, BERNARD  
6900 NW 52 ST  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CASERTA, BERNARD  
Address: 6900 NW 52 ST  
City-St-Zip: MIAMI, FL

Title: STD ( ) Delete  
Name: CASERTA, BERNARD  
Address: 6900 NW 52 ST  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BERNARD CASERTA

PD

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date