

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

1 of 2

DOCUMENT # 495120

1. Entity Name  
BESMAN, INC.



FILED

04 SEP 20 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
P.O. BOX 558446  
MIAMI, FL 33255 US

Mailing Address  
P.O. BOX 558446  
MIAMI, FL 33255 US

*[Handwritten signature]*



08302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-1667219  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, GARY P  
9100 S DADELAND BLVD  
SUITE 504  
MIAMI, FL 33156

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  
Due by September 8, 2004

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	P
NAME	SHERMAN, BEATRICE
STREET ADDRESS	5108 SW 72ND AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	ST
NAME	HOWARD, ROBERT
STREET ADDRESS	5108 SW 72ND AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600041317556  
09/24/04--01027--003 \*\*150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Sherman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BEATRICE SHERMAN

9/15/04 905-447-2500  
Date Daytime Phone #

# Besman, Inc.

Sept. 15, 2004

Kathy Ashton  
Fla. Division of Corporations  
409 East Gaines St.  
Tallahassee, Fla. 32399 REF: BESMAN, INC. 495120

Dear Mrs. Ashton:

Per our telephone conversation,  
we never received the original 2004  
Corporate report form for Besman Inc.

Thank you for sending document  
#495120, which is enclosed with a check  
for \$150.00 annual filing fee. If you have  
any further questions, please call me at  
305-447-7500

Sincerely yours,

Beatrice Sherman,  
President