

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90251 019 ***150.00

DOCUMENT # 498022

1. Entity Name
BE DESIGNS, INC.



Principal Place of Business
**4659 S.W. 72ND AVE.
MIAMI, FL 33155**

Mailing Address
**4659 S.W. 72ND AVE.
MIAMI, FL 33155**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1653943

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**EGLIN, BEN
11180 SNAPPER CREEK ROAD
CORAL GABLES, FL 33133**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD EGLIN, BEN 3604 MATHESON AVE COCONUT GROVE, FL 33133 <i>11180 SNAPPER CREEK RD CORAL GABLES FLA 33138</i>
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**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-04 *305 665-5200*
Date Daytime Phone #