## **2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 569056** 1. Entity Name BEAVER PROPERTIES, INC. Principal Place of Business Mailing Address 290 SW 12 AVENUE 290 SW 12 AVENUE DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 US

**FILED** Feb 02, 2007 08:00 AM Secretary of State



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No Chg-P CR2E034 (11/05)

<u>59-18195</u>70

01242007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SABGA, PETER **290 SW 12 AVENUE** 

## DO NOT WRITE

DEERFIEI	LD BEACH, FL 33442		IN THIS SPACE				
	e named entity submits this statement for the p tions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida.	I am tamiliar with, and accept	
SIGNATURE.	Signature, lyped or printed name of registered agent and title	rf applicable (NOTE Registered	Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.					
10.	OFFICERS AND DIREC	CTORS		·· <del>-</del> · · · <del>-</del> · · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SABGA, PETER 290 SW 12 AVENUE DEERFIELD BEACH, FL 33442					1444	
NAME STREET ADDRESS CITY-ST-ZIP	SABGA, JOSEPH 290 SW 12 AVENUE DEERFIELD BEACH, FL 33442		: ,		02/08/07-800	1444 129-019 150.00	
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TITLE	l .				કુલ ', કુ મેં બીક '		

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP