

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # 622720

1. Entity Name
BEATRIZ, INC.



Principal Place of Business
**213 NE 97TH STREET
MIAMI SHORES, FL 33138**

Mailing Address
**213 NE 97TH STREET
MIAMI SHORES, FL 33138**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1913630	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HERDOCIA, ROBERTO
30 NE 103 ST
MIAMI SHORES, FL 33138**

**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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERDOCIA, RICARDO J.
STREET ADDRESS	30 NE 103RD ST
CITY-STATE-ZIP	MIAMI SHORES, FL

TITLE	ST
NAME	DE HERDOCIA, BEATRIZ O
STREET ADDRESS	30 NE 103RD ST
CITY-STATE-ZIP	MIAMI SHORES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1100000508567
04/28/06-80001-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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

RICARDO J. HERDOCIA

4/14/2006

Date

(305) 757-1873

Daytime Phone #