



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERDOCIA, RICARDO J. 30 NE 103RD ST MIAMI SHORES, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DE HERDOCIA, BEATRIZ O 30 NE 103RD ST MIAMI SHORES, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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		3/26/2007 (305) 757-1873 Date Daytime Phone #



02082007 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	

000000682134
04/04/07-80073-013 150.00

**DO NOT WRITE
IN THIS SPACE**