

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 704140

1. Entity Name
EPSILON-BETA HOUSE CORPORATION



Principal Place of Business
**1531 LIGURIE AVENUE
MIAMI, FL 33146**

Mailing Address
**PO BOX 763
KEY LARGO, FL 33037**



03092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7324786 Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

**ATTY PHILIP F LUDOVICI
17415 S DIXIE HWY
MIAMI, FL 33157**

**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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	WALT ETLING
STREET ADDRESS	662 NE 105 STREET
CITY-ST-ZIP	MIAMI SHORES, FL
TITLE	DP
NAME	KENT, ERNEST
STREET ADDRESS	308 LT MS MUFFETT LANE
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	TD
NAME	BENEFILED, WM H
STREET ADDRESS	1261 ALGARDI AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SD
NAME	PEREIRA, EDDY JR
STREET ADDRESS	3240 MARY ST, S-102
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	D
NAME	PARSON, NORMAN C JR
STREET ADDRESS	10126 NW 51 TERR
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	LUDOVICI, PHIL
STREET ADDRESS	17047 SO DIXIE HWY
CITY-ST-ZIP	MIAMI, FL

U00000321880
04/21/05-80096-002 61.25

**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 617, 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

Date

Daytime Phone #

ERNEST W. KENT

4/19/05 (305) 853-5304

MIAMI, FL 33146

4/21/05