

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90028 023 ****61.25



DOCUMENT # 716544
1. Entity Name
THE BEVERLY ARMS INC.

Principal Place of Business: **8132 HARDING AVE
MIAMI BEACH FL 33141**
Mailing Address: **8132 HARDING AVE
APT 2
MIAMI BEACH FL 33141
US**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **59-1288515**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**JAYE, HENRY
8132 HARDING AVE
APT 2
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ State: **FL** Zip Code: _____

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: _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: MANSO, SANDRA STREET ADDRESS: 14321 SW 22ST. CITY-ST-ZIP: MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE: TD NAME: BLAZEJEWSKI, MICHALINA STREET ADDRESS: 8132 HARDING AVE. APT 15 CITY-ST-ZIP: MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Delete
TITLE: VPDS NAME: JAYE, ESTELLE STREET ADDRESS: 8132 HARDING AVE. APT. 2 CITY-ST-ZIP: MIAMI FL 33144	<input type="checkbox"/> Delete
TITLE: D NAME: HENRY, JAYE STREET ADDRESS: 8132 HARDING AVE AP. 2 CITY-ST-ZIP: MIAMI FL 33141	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Estelle Jaye Date: 4/07/05 Daytime Phone #: 305-866-7714