2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#733029

Entity Name: BET BREIRA, INC.

ROTH, DEBRA

9400 SW 87 AVE.

MIAMI, FL 33176

Name:

Address:

City-St-Zip:

FILED Mar 11, 2004 Secretary of State

	DET BREE				
Current Principal Place of Business:			New Principal Place of Business:		
9400 SW 8 MIAMI, FL	37 AVENUE 33176				
Current Mailing Address:			New Mailing Address:		
	37 AVENUE 331762444 US	3			
FEI Number:	: 59-1629361	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	HEODORE ADELAND BLVI 33176 US	D.			
	named entity s e of Florida.	ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () BAYER, THEOD 9400 SW 87 AVI MIAMI, FL 3317	Ξ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () LIEBERMAN, SH 9400 SW 87 AVI MIAMI, FL 3317	≣.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () GUENTHER, JO' 9400 SW 87 AVI MIAMI, FL 3317	Ξ.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: THEODORE BAYER MR. 03/11/2004