

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90549 001 \*\*\*150.00  
03-29-2004 90549 002 \*\*\*\*\*8.75

**DOCUMENT # F08904**

1. Entity Name

E.N. BECHAMPS AND ASSOCIATES, INC.



Principal Place of Business

7340 S.W. 48TH STREET, #106  
MIAMI FL 33155

Mailing Address

7340 S.W. 48TH STREET, #106  
MIAMI FL 33155

66408386



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Miami, FL 33155

3. Mailing Address

7340 SW 48 St.

Suite, Apt. #, etc.

#106

Suite, Apt. #, etc.

#106

City & State

Miami, FL

City & State

Miami, FL 33155

FEI Number

59-2053315

Applied For

Not Applicable

Zip

33155

Country

DADE

Zip

33155

Country

DADE

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTONE, DON R  
7711 SW 62ND AVENUE  
SOUTH MIAMI FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BECHAMPS, EUGENE N	
STREET ADDRESS	7340 S.W. 48TH STREET, #106	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEBB, EDWARD T	
STREET ADDRESS	7340 S.W. 48TH STREET, #106	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEELEY, THERESA B	
STREET ADDRESS	7340 S.W. 48TH STREET, #106	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BECHAMPS, EUGENE N JR.	
STREET ADDRESS	7340 S.W. 48TH STREET, #106	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEELEY, KENNETH J	
STREET ADDRESS	7340 S.W. 48TH STREET, #106	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MADAN, EDUARDO A	
STREET ADDRESS	7340 S.W. 48TH STREET, #106	
CITY-ST-ZIP	MIAMI FL 33155	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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

3-1-04 (305) 667-2067

Date

Daytime Phone #