2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # G40883

1. Entity Name
BETA CAB CO.

Principal Place of Business	Mailing Address
2222 NW 22ND CT PO BOX 421421 MIAMI, FL 33142	2222 NW 22ND CT PO BOX 421421 MIAMI, FL 33142

01052006 No Chg P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0129392

Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VAZQUEZ, HIGINIO
2222 NW 22ND CT.
MIAMI, FL 33142

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NUMBER FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000534427
05/08/06-80010-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VAZQUEZ, HIGINIO
STREET ADDRESS	943 SW 9TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	VAZQUEZ, ELIZA
STREET ADDRESS	943 SW 9TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	STD
NAME	VAZQUEZ, CARLOS A.
STREET ADDRESS	943 SW 9TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/24/06 (305) 633-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #