

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90269 002 \*\*\*150.00

**DOCUMENT # J04398**

1. Entity Name  
**BEYEN CORPORATION OF AMERICA**



Principal Place of Business  
**9720 PINES BLVD.  
PEMBROKE PINES, FL 33024**

Mailing Address  
**9720 PINES BLVD.  
PEMBROKE PINES, FL 33024**

2. Principal Place of Business  
**3333 West Commercial Blvd.**

3. Mailing Address  
**3333 West Commercial**

Suite, Apt. #, etc.  
**Suite 202**

Suite, Apt. #, etc.  
**Suite 202**

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

Zip  
**33309**

Country  
**USA**

Zip  
**33309**

Country  
**USA**

01212005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2650807**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**RUBIN, ALAN H.  
9720 PINES BLVD.  
PEMBROKE PINES, FL 33024**

## 7. Name and Address of New Registered Agent

Name  
**Arthur Drujak**  
Street Address (P.O. Box Number Not Acceptable)  
**3333 West Commercial Blvd.  
Suite 202  
Fort Lauderdale, FL 33309**

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

*Arthur H. Drujak* **ARTHUR H. DRUJAK**

**2/1/05**

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASAT  
KENNEDY, JIM  
250 RAINBOW BLVD. APT 306  
NIAGARA FALLS, NY 14303** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OMST  
DIODATI, CINDY  
8130 PINELLAS PARK DRIVE  
NIAGARA FALLS, ONT, CA 12h 3b1** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASAT  
KENNEDY, JIM  
8103 COSTABILE DRIVE  
NIAGARA FALLS, ONTARIO CA 12h 3H4** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Hans-Beyen  
Rubensstr. 8  
Dusseldorf, Germany 40237** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 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:**

*Cindy Diodati* **Cindy Diodati**

**01/17/05**

**905-374-4596**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #