2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # J51277

1. Entity Name

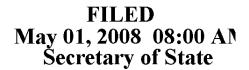
BESHARA ASSOCIATES, INC.



Principal Place of Business 2939 FOREST HILL BLVD. WEST PALM BEACH, FL 33406 Mailing Address

P.O. BOX 20373

WEST PALM BEACH, FL 33416





DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04212008 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2767608 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

BESHARA, DIANA L 1277 STALLION DR., LOXAHATCHEE, FL 33470

SIGNATURE

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent	urpose of changing its registere	ad office or registered agent, or t	both, in the State of Florida.	i am iamiliar with, and ac	cept
SIGNATURE	Signature, typed or printed name of registered agent and title	applicable (NOTE Registered	d Agent signature required when reinstating)		DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing \$5.00 May Be Added to Fees			r t
10.	OFFICERS AND DIRECT	TORS	· · · · · · · · · · · · · · · · · · ·		Ye direction	- :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BESHARA, DIANA L 1277 STALLION DR. LOXAHATCHEE, FL 33470			00000093 05/28/08-80	9133 015-004 150.0	10 (1) 15 (1)
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC) NOT WR	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		10 N				
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.						