## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51277

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Mar 30, 2009 Secretary of State

									<b>,</b>	_
Entity Nan	ne: BESHAR	A ASS	SOCIATES,	INC.						
Current Principal Place of Business:						New Principal Place of Business:				
	EST HILL BLV .M BEACH, FI		06							
Current Mailing Address:						New Mailing Address:				
P.O. BOX 2 WEST PAL	20373 .M BEACH, FI	L 334 <sup>-</sup>	16							
FEI Number:	59-2767608	FEI	Number Appl	ied For()	FEI Nun	nber Not Appl	icable ( )	Certificate	e of Status Desired ( )	
Name and Address of Current Registered Agent:						Name and Address of New Registered Agent:				
BESHARA 1277 STAL LOXAHATO		470	US							
The above in the State		submit	ts this state	ment for the pu	urpose o	f changing i	ts register	ed office or re	gistered agent, or bo	th,
SIGNATUR	RE:									
	Electron	nic Sig	nature of R	egistered Ager	nt			D	ate	_
Election Can	npaign Financin	g Trust	Fund Contril	oution ( ).						
OFFICERS AND DIRECTORS:						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	PD ( BESHARA, DIA 1277 STALLIO LOXAHATCHE	N DR.				Title: Name: Address: City-St-Zip:		(X) Change( A, DIANA L LLION DR. CHEE, FL 33470	,	
Title: Name: Address: City-St-Zip:	(	) Delete				Title: Name: Address: City-St-Zip:	1277 STA	( ) Change (X A, LAUREN LLION DR CHEE, FL 33470	, ,	
Title: Name: Address:	(	) Delete				Title: Name: Address:	SD BESHARA 1277 STA	()Change(X A, GLORIA R LLION DR	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

LOXAHATCHEE, FL 33470

IACIOFOLI, JR. JOSEPH E

2939 FOREST HILL BLVD

WEST PALM BEACH, FL 33406

( ) Change (X) Addition

SIGNATURE: JOSEPH E IACIOFOLI JR T 03/30/2009