2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

	ANNUAL RI	EPORT (AR	· · · · · · · · · · · · · · · · · · ·		ED
1. Entity Nam	MENT # K25712 BEALTY AND DEVELOPMEN	T CORP		Apr 22, 2005 08:00 AM Secretary of State	
UNDAN N	EART AND DEVELORIMEN	7 00111.			
Principal Place of Business Mailing Address		· · · · · · · · · · · · · · · · · · ·			
9500 SOUTH DADELAND BLVD SUITE 605		9500 S DADELAND BLVD SUITE 605			
MIAMI FL 33156 US		MIAMI FL 33156 US		r immimili min himmi mehir resert indem ili	ES BIOLI FIDIT DIDIT DIDIT DIDIT DIDITERE AT SERT
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.		1st MOORE C	R2E034 (10/04)
City & State		City & State		4. FEI Number 65-0053642	Applied For Not Applicable
Zip	Country	Z ip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	I	7. Name and Address of New Re	<u>'</u>
NOTE SHAN COOTS			Name		
MITTLEMAN, SCOTT E. 9500 SOUTH DADELAND BOULEVARD SUITE 605			Street Address	(P.O. Box Number is Not Acceptable)	
MIAMI FL 33156					
			City		FL Zip Code
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable (NOT	E Registered Agent signature require	ad when reinstating)	DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of	State		9. Election Campaig Trust Fund Contr	gn Financing \$5.00 May Be
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 11
TITLE	D MITTI EMANI SCOTT E	☐ Delete	TITLE NAME		☐ Change ☐ Addibi
NAME STREET ADORESS	MITTLEMAN, SCOTT E. 9500 S DADELAND BLVD., SUITE	605	STREET ADDRESS		
GITY-ST-ZIP	MIAMI FL	_ 	CHY-SI-ZIP		
NAME		☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS			SIGGET ADDRESS	U00000324 04/22/05-800	4259 085-025 150.00
CHY-ST ZIP		☐ Delete	TITLE	04/22/00-000	Change Addition
THTLE NAME		☐ Detete	NAME		U Orlange Providen
STREET ADDRESS			SARFFI ADDRESS		
CITY-ST-7IP	•	☐ Delete	CITY-ST-ZIP	<u> </u>	☐ Change ☐ Addibc
THTLE NAME		F Deteta	NAME		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
CRY-SEZIP TITLE		• Defete	THE	<u> </u>	
NAME		Detete	NAME		
STREET ADDRESS			STREET ADDRESS - COLY ST-ZIP		
CHY-SI-ZIP TILE		☐ Delete	TITLE		Change Additio
NAME		□ Delete	NAME		
STREET ADDRESS			STREET AUDRESS		
CITY-ST ZIP	certify that the information supplied with	this filing does not qualify fo	r the exemption stated in S	Section 119 07(3\f) Florida Statistes I f	further certify that the information
indicated of the col changed	certify that the information supplied with l on this report or supplemental leport is poration or the receiver of trustee empo , or on an attachment with an authorist, w	true and accurate and that wered to execute this report it all other like empowered	my signature shall have the as required by Chapter 60	e same legal effect as If made under or 07, Florida Statutes, and that my name	ath, that I am an officer or director appears in Block 10 or Block 11 if