2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K65950

1. Entity Name
BEMA, INC.

Principal Place of Business	Mailing Address
2301 S. ANDREWS AVE FT. LAUDERDALE, FL 33316 US	2301 S. ANDREWS AVE FT. LAUDERDALE, FL 33316 US

DO NOT WRITE IN THIS SPACE

01162008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0108514	Not Applicable

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

6. Name and Address of Current Registered Agent

KORNFELD, DANNY
2654 CALLIANDRA TERR
COCONUT CREEK, FL 33064

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	KORNFELD, DANNY	
STREET ADDRESS	2654 CALLIANDRA TERR	
CITY-ST-ZIP	COCONUT CREEK, FL 33064	
TITLE	ST	
NAME	KORNFELD, PAULINE	
STREET ADDRESS	2654 CALLIANDRA TERR	
CITY-ST-ZIP	COCONUT CREEK, FL 33064	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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01/23/08-80106-011 150.00

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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: _____ Pres   1/16/08   954-761-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #