2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L61715

1. Entity Name

QUEEN BEE OF MIAMI, INC.

Principal Place of Business	Mailing Address
NANCY BADA MARTINEZ 7381 BIG CYPRESS CT MIAMI LAKES FL 33014	NANCY BADA MARTINEZ 7381 BIG CYPRESS CT MIAMI LAKES FL 33014

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt #, etc.	
City & State	City & State	4. FEI Number 65-0201048 / Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BADA MARTINEZ, NANCY 7381 BIG CYPRESS CT MIAMI LAKES FL 33014	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **D** NAME **BADA MARTINEZ, NANCY** STREET ADDRESS **7381 BIG CYPRESS CT** CITY-ST-ZIP **MIAMI LAKES FL 33014**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000283131 04/01/05--80014-024 150.00	☐ Change ☐ Addition
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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: _Nancy Bada Martinez_ (NANCY BADA MARTINEZ) Director 03-25-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   305-557-8287 Daytime Phone #