

State of Florida
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Secretary of State

06-01-2007 90002 002 ***150.00

CORPORATION
REPORT (AR)

DOCUMENT # 031716

1. Entity Name
QUEEN BEE OF MIAMI, INC.




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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

40119342



1st MOORE CR2E034 (10/06)

4. FEI Number **65-0201048** Applied For: Not Applicable

5. Certificate of Status Desired \$875 Additional Fee Required

6. Name and Address of Current Registered Agent
BADA MARTINEZ, NANCY
7381 BIG CYPRESS CT
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent
 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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
D	BADA MARTINEZ, NANCY	7381 BIG CYPRESS CT	MIAMI LAKES FL 33014	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Section 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: *Nancy Bada Martinez* Director 0316-06 (305) 557-8287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____

ATTACHMENT
40119342
461715

May 8, 2007

Division of Corporations
Annual Report Section
P. O. Box 6850
Tallahassee, FL 32314

Dear Sir/Madam:

Attached is ck #1037 in the amount of \$150.00 for our 2007 Corporation Annual Report.

Since ck #1033 was apparently lost, attached check #1037 in amount of \$150.00 is therefore a replacement check.

Please, accept our apologies for the inconvenience.

Sincerely,

Nancy Pada Martinez
Queen Bee of Miami, Inc.