

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90214 006 \*\*\*150.00

**DOCUMENT # M16934**

1. Entity Name

BETHESDA BUILDING CORP.



Principal Place of Business

% MURIEL KING  
3485 N W 17TH AVE.  
MIAMI FL 33142

Mailing Address

% MURIEL KING  
3485 N W 17TH AVE.  
MIAMI FL 33142

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

City & State

4. FEI Number

59-2758887

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

KING, MURIEL F  
3485 N W 17TH AVE.  
MIAMI FL

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, 2004 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KING, MURIEL F	
STREET ADDRESS	140 - 39 N.W. 17 AVE.	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	V	<input type="checkbox"/> Delete
NAME	EDWARDS, BARBARA RUTH	
STREET ADDRESS	6070 S.W. 18 CT.	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, DONOVAN JOSEPH	
STREET ADDRESS	5411 N.W. 197 LANE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, MICHAEL ARTHUR	
STREET ADDRESS	7710 - 16 AVE N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, DENISE E	
STREET ADDRESS	140 - 39 N.W. 17 AVE.	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, MURIEL F	
STREET ADDRESS	437 GOLDEN ISLES DRIVE #15G	
CITY-ST-ZIP	HALLANDALE BEACH, FL. 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, DENISE E	
STREET ADDRESS	437 GOLDEN ISLES DRIVE #15G	
CITY-ST-ZIP	HALLANDALE BEACH, FL. 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Muriel F. King* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 30, 2004 634-8020  
Date Daytime Phone #