

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90219 003 \*\*\*\*61.25

**DOCUMENT # N00000000124**

1. Entity Name  
MS. SPIRIT OF MIAMI PAGEANTS, INC.



Principal Place of Business  
1024 NW 38TH ST  
MIAMI, FL 33127

Mailing Address  
1024 NW 38TH ST  
MIAMI, FL 33127

40081624



04242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BEHARRY, TERONICA L  
1024 NW 38TH ST  
MIAMI, FL 33127

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BEHARRY, TERONICA  
STREET ADDRESS 1024 NW 38 STREET  
CITY-ST-ZIP MIAMI, FL 33127

TITLE PD  
NAME BEHARRY, NARVIN  
STREET ADDRESS 1024 NW 38TH ST  
CITY-ST-ZIP MIAMI, FL 33127

TITLE VPD  
NAME ANGUEIRA, CONNIE  
STREET ADDRESS 1024 NW 38TH ST  
CITY-ST-ZIP MIAMI, FL 33127

TITLE S  
NAME THOMAS, MALARGO  
STREET ADDRESS 1024 NW 38TH ST  
CITY-ST-ZIP MIAMI, FL 33127

TITLE T  
NAME PEARSON, JUSTIN  
STREET ADDRESS 1024 NW 38TH ST  
CITY-ST-ZIP MIAMI, FL 33127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 617, 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:** *Teronica Beharry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #