

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90243 019 *****70.00

DOCUMENT # N05000012210 1. Entity Name BEES FOR LIFE - WORLD APITHERAPY NETWORK, INC.					
Principal Place of Business 9051 SW 41 STREET MIAMI, FL 33165-5374			Mailing Address P.O. BOX 650707 MIAMI, FL 33265-0707		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ASIS, MOISES 9051 SW 41 STREET MIAMI, FL 33165-5374			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Delete		TITLE D/M/S NAME MOISES ASIS STREET ADDRESS 9051 SW 41 STREET CITY- ST- ZIP MIAMI, FL 33165-5374, USA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Delete		TITLE D NAME PEDRO PEREZ STREET ADDRESS CALLE SILO No. 1, ALCALA DE HENARES, CITY- ST- ZIP MADRID, SPAIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Delete		TITLE D NAME ANTONIO COUTO STREET ADDRESS RUA DO GUARDA MOR 37 CITY- ST- ZIP 1200-681 LISBOA, PORTUGAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Delete		TITLE D NAME STEFAN-STANGACIU STREET ADDRESS ST. DELINESTI No. 1, BL. B 35, SC. A ET. 4/13 CITY- ST- ZIP BUCURESTI, SEC. 6, ROMANIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Delete		TITLE TREASURER NAME TERESA ASIS STREET ADDRESS 9051 SW 41 STREET CITY- ST- ZIP MIAMI, FL 33165-5374, USA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/30/2006 305 227-3723 <small>Date Daytime Phone #</small>		