


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90068 004 \*\*\*\*61.25

<b>DOCUMENT # N06000010453</b> 1. Entity Name <b>BE FRUITFUL.BIZ, INC.</b>																																																																																																																													
Principal Place of Business <b>6805 WEST COMMERCIAL BLVD #322 TAMARAC, FL 33319</b>			Mailing Address <b>6805 WEST COMMERCIAL BLVD #322 TAMARAC, FL 33319</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box # <b>4070 NW 90th Way</b>		3. Mailing Address <b>SAME AS ABOVE</b>																																																																																																																											
Suite, Apt. #, etc. <b>Sunrise, Florida</b>		Suite, Apt. #, etc. 																																																																																																																											
City & State 		City & State 																																																																																																																											
Zip <b>33351</b>		Country <b>Broward</b>		4. FEI Number <b>32-1083324</b>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																											
6. Name and Address of Current Registered Agent <b>GRIFFIN, DEBORAH J 4070 NW 90TH WAY SUNRISE, FL 33351</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<b>Make check payable to Florida Department of State</b>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GRIFFIN, DEBORAH J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4070 NW 90TH WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SUNRISE, FL 33351</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALLISON, DEBRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2901 SW 41ST STREET #3001</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34474</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RICE, BARBARA J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13905 EQUITABLE ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CERRITOS, CA 90703</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FLOWERS, DEBRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>306 LOMA DRIVE #332</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LOS ANGELES, CA 90017</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	GRIFFIN, DEBORAH J		STREET ADDRESS	4070 NW 90TH WAY		CITY-ST-ZIP	SUNRISE, FL 33351		TITLE	D	<input type="checkbox"/> Delete	NAME	ALLISON, DEBRA		STREET ADDRESS	2901 SW 41ST STREET #3001		CITY-ST-ZIP	OCALA, FL 34474		TITLE	D	<input type="checkbox"/> Delete	NAME	RICE, BARBARA J		STREET ADDRESS	13905 EQUITABLE ROAD		CITY-ST-ZIP	CERRITOS, CA 90703		TITLE	D	<input type="checkbox"/> Delete	NAME	FLOWERS, DEBRA		STREET ADDRESS	306 LOMA DRIVE #332		CITY-ST-ZIP	LOS ANGELES, CA 90017		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			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		<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		
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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.																																																																																																																													
<b>SIGNATURE:</b> <u>Deborah J Griffin</u> <span style="float: right;">4/4/08 954-741-3126</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													