

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003277**

1. Entity Name  
**BEAUTIFUL CAMINO REAL, INC.**



Principal Place of Business  
**980 NORTH FEDERAL HIGHWAY #402  
BOCA RATON, FL 33432**

Mailing Address  
**980 NORTH FEDERAL HIGHWAY #402  
BOCA RATON, FL 33432**



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0842961</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**SMITH, BILL T JR.  
980 NORTH FEDERAL HIGHWAY  
SUITE 402  
BOCA RATON, FL 33432**

**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, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BILL T JR. 980 NORTH FEDERAL HIGHWAY #402 BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, JAMIE POST OFFICE BOX 1525 BOCA RATON, FL 33429
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMRON, DICK 2120 NW 25 ST BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000081751  
02/23/04-80052-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 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, the empowered.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/04* *561-368-5757*  
Date Daytime Phone #