

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90002 033 \*\*\*150.00

**DOCUMENT # P00000020756**

1. Entity Name  
**BETA & GAMMA, INC.**



Principal Place of Business

**13800 SW 8TH ST  
#117  
MIAMI, FL 33184**

Mailing Address

**13800 SW 8TH ST  
#117  
MIAMI, FL 33184**

**50022918**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

**65-1016697**

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

**LAVIN, VIVIANKA  
13800 SW 8 ST #117  
MIAMI, FL 33184**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **LAVIN, VIVIANKA**  
STREET ADDRESS **13800 SW 8TH ST, #117**  
CITY-ST-ZIP **MIAMI, FL 33184**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**21506 000 322026**

# ATTACHMENT

Beta & Gamma, Inc  
13800 SW 8 St # 117  
Miami, Florida 33184

July 18, 2006

50022918  
#P00000020756

Florida Department of State  
Division of Corporations

To Whom It May Concern:

This letter is in response to your "Notice of intent to dissolve". Since February 15, 2006, we sent to you the annual report filing form with the check # 2021.

Attach we are sending a copy of that annual report filing form and a new check # 2468

We will appreciate your attention to this matter.

Sincerely



Vivianka Lavin  
President  
Beta & Gamma, Inc.