

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Sep 06, 2005 8:00 am  
Secretary of State**

09-06-2005 90134 034 \*\*\*150.00

DOCUMENT # P00000093169		
1. Entity Name BEEPER & CELLULAR HEAVEN, INC.		

Principal Place of Business 11865 SW 26TH STREET MIAMI, FL 33175	Mailing Address 11865 SW 26TH STREET MIAMI, FL 33175
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURGOS, OTILIO A 11865 SW 26TH STREET UNIT C-29 MIAMI, FL 33175	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

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)

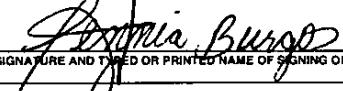
FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURGOS, OTILIO A 5020 SW 133RD AVENUE MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>4003 SW 145 Ave. Miami, FL 33175</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BURGOS, KENNIA J 5020 SW 133RD AVENUE MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>4003 SW 145 Ave. Miami, FL 33175</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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 # \_\_\_\_\_

50064967



07122005 Chg-P CR2E034 (10/03)