

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099248

FILED  
May 03, 2005  
Secretary of State

Entity Name: BETE SERVICE CORP.

## Current Principal Place of Business:

380 SE 2ND AVE #H4  
DEERFIELD BEACH, FL 33441

## New Principal Place of Business:

## Current Mailing Address:

380 SE 2ND AVE #H4  
DEERFIELD BEACH, FL 33441

## New Mailing Address:

FEI Number: 65-1049452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAEDA, ELIZABETH  
180 SE 7TH STREET #7  
DEERFIELD BEACH, FL 33441 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAEDA, ELIZABETH N  
Address: 380 SE 2ND AVE #H4  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete  
Name: MAEDA, FLAVIO T  
Address: 380 SE 2ND AVE #H4  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MAEDA, ELIZABETH N  
Address: 22749 S.W. 65TH CIRCLE  
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Change (X) Addition  
Name: MAEDA, FLAVIO T  
Address: 22749 S.W. 65 TH CIRCLE  
City-St-Zip: BOCA RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLAVIO T. MAEDA

D

05/03/2005

Electronic Signature of Signing Officer or Director

Date