

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099248

Entity Name: BETE SERVICE CORP.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

4024 CRESCEN CREEK DR
COCONUT CREEK, FL 33073

New Principal Place of Business:

22749 SW 65TH CIRCLE
BOCA RATON, FL 33428

Current Mailing Address:

4024 CRESCENT CREEK DR
COCONUT CREEK, FL 33073

New Mailing Address:

22749 SW 65TH CIRCLE
BOCA RATON, FL 33428

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
4024 CRESCENT CREEK DR
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

MAEDA, ELIZABETH
22749 SW 65TH CIRCLE
BOCA RATON, FL 33428 US

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: FLAVIO T. MAEDA

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAEDA, ELIZABETH N
Address: 4024 CRESCENT CREEK DR
City-St-Zip: COCONUT CREEK, FL 33073

Title: D () Delete
Name: MAEDA, FLAVIO T
Address: 4024 CRESCENT CREEK DR
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/15/2009

Electronic Signature of Signing Officer or Director

Date