

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO 1000011295

FILED

03 SEP 26 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
BEJANAE CORP.

Principal Place of Business Mailing Address
1933 COLLINS AVE. #708 1933 COLLINS AVE. #708
SUNNY ISLES FL. 33160 SUNNY ISLES FL. 33160

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip, Country Zip Country

4. FEI Number
65-1074121

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AGHION JACQUES
1933 COLLINS AVE. #708
SUNNY ISLES FL 33160

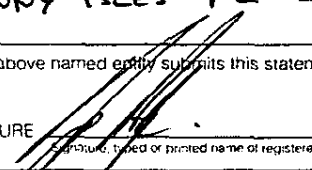
7. Name and Address of New Registered Agent

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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

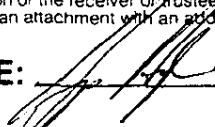
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2003 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME JACQUES AGHION	TITLE	NAME 100023368151
STREET ADDRESS 1933 COLLINS AVE. #708	CITY-ST-ZIP SUNNY ISLES FL. 33160	STREET ADDRESS	CITY-ST-ZIP 09/26/03--01079--011 **150.00
TITLE VD	NAME AGHION REBECA	TITLE	NAME
STREET ADDRESS 1933 COLLINS AVE. #708	CITY-ST-ZIP SUNNY ISLES FL 33160	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JACQUES AGHION** 305-541 3980

9/26/03

Uniform Business Report
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Re: BEJANAE CORP.
Doc. # P01000011295

To Whom it May Concern:

This letter is in regards to the corporation annual report for the 2003-filing year. According to your records, you never received an annual report for our corporation. We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize for any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980

Sincerely,



Jacques Aghion
President