## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2004 8:00 am Secretary of State

DOCUMENT # P01000044381				04-19-2004 90401 026 ***150						
1. Entity Nam BEEBEE										
Principal Place	e of Business	Mailing Address								
901 E 10 AV Hialeah, Fl		901 E 10 AVE, #14 HIALEAH, FL 33010								
		<b>.</b>								
1845		3. Mailing Address	S PINIL 17-	<u>.</u>	<b>                                     </b>					
Suite, Apt.	#, etc. ,	Suite, Apt. #, etc.	·	03312004	Chg-P	CR2E03	34 (10/03)	•		
City & State		City & State	Planis	4. FEI Numbe				plied For		
Zip	Country	Zip	Country	65-1100	)036			t Applicable		
3315		33157-6515	レノル	5. Certificate	of Status Desired		8.75 Add ee Required			
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New	Registered A	gent			
KHAN AR	אוח		Name							
KHAN, ABDUL 901 E 10 AVE, #14				ss (P.O. Box Numbe	r is Not Acceptat	ole)				
HIALEAH,	FL 33010									
			City	<u> </u>		FL	Zip Code	9		
	named entity submits this statement for	the purpose of changing its re	gistered office or regis	stered agent, or bot	h, in the State of F	Florida. I am fa	! amiliar with,	and accept		
the obligations of registered agent.										
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature requ	uired when reinstating)		DATE				
					···	DATE				
FIL	Signature, typed or printed name of registered agent a  E:NOWIII=FEE:IS \$150:00  ay 1, 2004 Fee will be \$550.0	9_Election Campaign	n Financing	uired when reinstating)  \$5:00 May Be		DATE	<u> </u>			
FIL	E:NOW!!!=FEE:I8:\$150:00	9. Election Campaign Trust Fund Contrib	n Financing	55:00:May Be	CHANGES TO OF	no,————————————————————————————————————	DIRECTORS	S IN 11		
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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:	A colin	પીલાંપ	
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	· Date	Daytime Phone #