



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90425 047 \*\*\*150.00

<b>DOCUMENT # P01000044381</b>					
<b>1. Entity Name</b> BEEBEE CORP					
<b>Principal Place of Business</b> 18457 S DIXIE HWY MIAMI, FL 33157-6825			<b>Mailing Address</b> 18457 S DIXIE HWY MIAMI, FL 33157-6825		
<b>2. Principal Place of Business</b> Bee Bee corp Suite, Apt. #, etc.		<b>3. Mailing Address</b> 18455 S Dixie Hwy Suite, Apt. #, etc.			
<b>City &amp; State</b> Mian Florida		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-1100036	
<b>Zip</b> 33157		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KHAN, ABDUL 901 E 10 AVE, #14 HIALEAH, FL 33010			<b>7. Name and Address of New Registered Agent</b> Name: JALIL A KHAN Street Address (P.O. Box Number is Not Acceptable): 18455 S Dixie Hwy City: Miami FL Zip Code: 33157		
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>04-17-06</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: DP NAME: KHAN, ABDUL STREET ADDRESS: 901 E 10 AVE, #14 CITY-ST-ZIP: HIALEAH, FL 33010	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: DV NAME: BARREDO, MARTHA STREET ADDRESS: 901 E 10 AVE, #14 CITY-ST-ZIP: HIALEAH, FL 33010	<input checked="" type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: IHAN, JALIL A STREET ADDRESS: 901 E 10TH AVE #14 CITY-ST-ZIP: HIALEAH, FL 33010	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: 18455 S Dixie Hwy CITY-ST-ZIP: MIA FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
SIGNATURE: <u>[Signature]</u> DATE: <u>04-17-06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					