

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90085 029 ***150.00

DOCUMENT # P01000067131

1. Entity Name
BECK BROTHERS ENTERPRISES, INC.



Principal Place of Business Mailing Address

~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~
~~350 ROYAL PALM WAY #409~~ ~~350 ROYAL PALM WAY #409~~
~~PALM BEACH, FL 33480~~ ~~PALM BEACH, FL 33480~~
~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

c/o Kent Huffman, Esq. **c/o Kent Huffman, Esq.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
515 N. Flagler Dr., #801 **515 N. Flagler Dr., #801**

City & State City & State

West Palm Beach, FL **West Palm Beach, FL**

Zip Country Zip Country
33401 USA **33401 USA**

4. FEI Number Applied For
65-1116968 Not Applicable

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

01222008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HUFFMAN, KENT **Kent Huffman, Esq.**
350 ROYAL PALM WAY **Street Address (P.O. Box Number is Not Acceptable)**
SUITE 409 **515 North Flagler Drive**
PALM BEACH, FL 33480 **Suite 801**
West Palm Beach, FL **City** **FL** **Zip Code**
33401

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.

SIGNATURE  **Kent Huffman, Esquire** **January 28, 2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BECK, RICHARD B C/O BUFFMAN, 350 ROYAL PALM WAY, #409 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Richard B. Beck Richard B. Beck 4/10/08 561 662 6691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #