

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000072908

1. Entity Name
BEBEE PHERAI INVESTMENTS, INC.



Principal Place of Business
6403 ST. PARTIN PLACE
ORLANDO, FL 32812

Mailing Address
6403 ST. PARTIN PLACE
ORLANDO, FL 32812

DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3733184	<input type="checkbox"/> Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHERAI, DAVID
6403 ST. PARTIN PLACE
ORLANDO, FL 32812

**DO NOT WRITE
IN THIS SPACE**

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

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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PHERAI, DAVID
STREET ADDRESS 6403 ST. PARTIN PLACE
CITY-ST-ZIP ORLANDO, FL 32812

TITLE STD
NAME PHERAI, BEBEE
STREET ADDRESS 6403 ST. PARTIN PLACE
CITY-ST-ZIP ORLANDO, FL 32812

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2004
Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**