

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000074586

1. Entity Name  
BEACON PROFESSIONAL SERVICES, INC.



Principal Place of Business  
3864 SHERIDAN STREET  
HOLLYWOOD, FL 33021-3634

Mailing Address  
8004 NW 154 STREET  
STE 301  
MIAMI LAKES, FL 33016



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1123090

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DEL MONTE, ANDRES  
8004 NW 154 STREET  
STE 301  
MIAMI LAKES, FL 33016

**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, 2005 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 DEL MONTE, ANDRES  
STREET ADDRESS 8004 NW 154 STREET STE 301  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE VD  
NAME SHORE, CALVIN  
STREET ADDRESS 3864 SHERIDAN STREET  
CITY-ST-ZIP HOLLYWOOD, FL 330213634

TITLE STD  
NAME LEWIS, WILSON  
STREET ADDRESS 3864 SHERIDAN STREET  
CITY-ST-ZIP HOLLYWOOD, FL 330213634

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000319383  
04/20/05-80097-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Andres del Monte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05

Date

Daytime Phone #