2007 FOR PROFIT CORPORATION ANNUAL REPORT

Daniel

E Beckenstadt

Apr 16, 2007 08:00 A Secretary of State DOCUMENT # P01000083894 1. Entity Name BETTO INVESTMENT CORPORATION Principal Place of Business Mailing Address 10750 SW 24TH STREET 10750 SW 24TH STREET MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1143794 Not Applicable \$8.75 Additional Zφ Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA, FELIX Street Address (P.O. Box Number is Not Acceptable) **10750 SW 24TH STREET** MIAMI, FL 33165 City Zip Code 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 1 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 rematating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPST Delete TITLE THEF Change Addition NAME BERKENSTADT, DANIEL E NAME STREET ADDRESS 9601 COLLINS AVE UNIT 508 STREET ADORESS CITY-ST-ZIP BAL HARBOUR, FL 33154 CITY-ST-ZIP Delete III DRE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defeto TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THEF HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete THE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>U00000708121</u> 04/24/07-80101**±0≥4∞**15**0∧00**∞ TOTALE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filting been 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 of the corporation or the receiver or trustee empowered to sugate and that my signature shall have the same legat effect as if made under oath; that I am an officer or director scule 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 of like empowered 04 12 07 SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED Daytme Phone

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