**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

changed, or on an attachment with

SIGNATURE:

## Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P01000107115** 1. Entity Name 04-28-2004 90349 001 \*\*\*450.00 BESIGO, CORP. Principal Place of Business Mailing Address 2450 SW 137 AVE., STE 234 MIAMI FL 33175 2450 SW 137 AVE., STE 234 MIAMI FL 33175 66191500 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 65-1150964 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent \_Name LOPEZ, PETER M ESQ. Street Address (P.O. Box Number is Not Acceptable) 2450 SW 137 AVE., STE 234 **MIAMI FL 33175** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change ☐ Addition TITLE NAME LOPEZ, PETER M ESQ NAME STREET ADDRESS 2450 SW 137 AVE., STE 234 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P Change Addition TITLE Delete TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE, ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, if 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 plustee 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 anyaddress, with all other like empowered.

FILED

Daytime Phone #