

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000044684					
1. Entity Name BETHA CORPORATION					
Principal Place of Business 1200 BRICKELL AVE SUITE 860 MIAMI, FL 33131			Mailing Address 1200 BRICKELL AVE SUITE 860 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 1911 NW 150th AVE		3. Mailing Address 1911 NW 150th AVE.			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL			
Zip 33028		Country USA		40022008 Chg-P CR2E034 (12/06)	
4. FEI Number 74-3108706		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	
LOPEZ, PETER M P.A. 1911 NW 150 AVE SUITE 201 PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
FL				33028	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BALSINI, CLAUDIO MATOS 1200 BRICKELL AVE SUITE 860 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Balsini, Claudio Matos 1911 NW 150 AVE #201 Pembroke Pines, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMIELEWSKI, CESAR 1200 BRICKELL AVE SUITE 860 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Smielewski, Cesar 1911 NW 150 AVE #201 Pembroke Pines, FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500129446465 05/14/08--01015--015 **288.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	204/28	
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: <u>Claudio Balsini</u> Director 4/11/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

FILED

08 APR 25 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

