

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90001 025 ***150.00

DOCUMENT # P02000069448

1. Entity Name
BEGONIAS, CORP



Principal Place of Business
**900 WASHINGTON AVE.
#1
MIAMI BEACH, FL 33139**

Mailing Address
**901 PENNSYLVANIA AVENUE
STE 1
MIAMI BEACH, FL 33139**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

08282008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

03-0474154

Applied For

(Not Applicable)

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUMBERTO MACIAS
901 PENNSYLVANIA AVENUE
STE 1
MIAMI BEACH, FL 33139**

NAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Humberto Macias

Signature of Humberto Macias, Registered Agent

NOTE: If the corporation is a foreign corporation, the signature of the authorized officer must be accompanied by a power of attorney.

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P MACIAS, RUFINO D**
STREET ADDRESS **10911 ARCHDALE CT**
CITY-STATE-ZIP **TAMPA, FL 33624**

TITLE ☐ Change ☒ Addition
NAME **VP MACIAS, HUMBERTO F**
STREET ADDRESS **901 PENNSYLVANIA AVE #1**
CITY-STATE-ZIP **MIAMI BEACH, FL 33139**

TITLE ☒ Delete
NAME **VP WONG, FERNANDO**
STREET ADDRESS **901 PENNSYLVANIA AVENUE STE 1**
CITY-STATE-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **T HERRERA, MARIA**
STREET ADDRESS **10911 ARCHDALE CT.**
CITY-STATE-ZIP **TAMPA, FL 33624**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Delete
NAME **S MACIAS, HUMBERTO F**
STREET ADDRESS **901 PENNSYLVANIA VENUE STE 1**
CITY-STATE-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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

Humberto Macias

HUMBERTO MACIAS

08/20/08 305 5347815