## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000069448

Entity Name: BEGONIAS, CORP

City-St-Zip:

TAMPA, FL 33624

FILED Aug 14, 2009 Secretary of State

Entity Nar	ne: BEGONIA	AS, CORP				
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
	IINGTON AVE					
#1 MIAMI BEA	ACH, FL 33139	ə				
Current Mailing Address:			New Mailing	New Mailing Address:		
901 PENNSYLVANIA AVENUE				1111 SW 1ST AVENUE APT 3123 MIAMI, FL 33130		
STE 1 MIAMI BEACH, FL 33139						
FEI Number: 03-0474154 FEI Number Applied For ( ) FEI Number		FEI Number Not Applicat	ole ( ) Certificate of Status Desired ( )			
Name and	Address of C	urrent Registered Agent:	Name and Ad	Name and Address of New Registered Agent:		
901 PENN STE 1	O, MACIAS SYLVANIA AV ACH, FL 33139		1111 SW 1SŤ APT 3123	HUMBERTO, MACIAS 1111 SW 1ST AVENUE APT 3123 MIAMI, FL 33130 US		
	named entity s of Florida.	submits this statement for the p	ourpose of changing its re	egistered office or registered agent, or both	٦,	
SIGNATURE: HUMBERTO MACIAS				08/14/2009		
	Electron	ic Signature of Registered Ag	ent	Date	_	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notice.			
	S AND DIREC	• • • • • • • • • • • • • • • • • • • •	ADDITIONS/0	CHANGES TO OFFICERS AND DIRECTO	ORS:	
Title: Name: Address: City-St-Zip:	P ( ) MACIAS, RUFIN 10911 ARCHDA TAMPA, FL 330	ALE CT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	MACIAS, HUME	/ANIA AVENUE STE 1	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	T ( ) HERRERA, MAI 10911 ARCHDA		Title: Name: Address:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HUMBERTO MACIAS VP 08/14/2009