

APR-28-2004 17:32

RELY INSURANCE

305 2266740 P.01/02

FILED

May 03, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000090289	
1. Entity Name BEBE PRODUCTIONS, INC.	

Principal Place of Business 1784 W FLAGLER STREET SUITE 14 MIAMI, FL 33135	Mailing Address 1784 W FLAGLER STREET SUITE 14 MIAMI, FL 33135
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03092004 No Chg-P CP2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1972799	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BORROTO, MIGUEL 1784 W FLAGLER STREET SUITE 14 MIAMI, FL 33135	

**DO NOT WRITE
IN THIS SPACE**

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**DND 031147555
F 03 104-40111-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BORROTO, MIGUEL 1784 W FLAGLER STREET MIAMI, FL 33135
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 or without like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 305-860-1499

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