

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90041 011 ***150.00

DOCUMENT # P02000113256

1. Entity Name
BECKDALL, CORP.



Principal Place of Business Mailing Address
~~3440 HOLLYWOOD BLVD SE 500~~
~~HOLLYWOOD, FL 33021~~

94032140

2. Principal Place of Business 3. Mailing Address
18351 NE 29th AV
Suite, Apt. #, etc. **900**
City & State **AVENTURA FL**
Zip **33180** Country **USA**

01262004 Chg-P CR2E034 (10/03)

4. FEI Number **42-1557292** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROTH, LEONARD A
~~3440 HOLLYWOOD BLVD SE 500~~
~~HOLLYWOOD, FL 33021~~

7. Name and Address of New Registered Agent

Name **LEONARDO A. ROTH, ESQ**
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th AV, SUITE 900
City **AVENTURA FL** Zip Code **33180**

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 **LEONARDO A. ROTH, ESQ** DATE **3/15/04**

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**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	VAZQUEZ, RAUL N	
STREET ADDRESS	3440 HOLLYWOOD BLVD SE 500	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DE VAZQUEZ, BIANCA R	
STREET ADDRESS	3440 HOLLYWOOD BLVD SE 500	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, RAUL N	
STREET ADDRESS	18851 NE 29th AV, SUITE 900	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE VAZQUEZ, BIANCA R	
STREET ADDRESS	18851 NE 29th AVE, SUITE 900	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **RAUL N. VAZQUEZ**

3/8/2004 **786-279-0000**