


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90004 047 ***150.00

DOCUMENT # P03000027728

1. Entity Name
 B.E.C. MASONRY, INC.



Principal Place of Business
 5804 36TH AVE. S.
 TAMPA, FL 33619

Mailing Address
 5804 36TH AVE. S.
 TAMPA, FL 33619

54006954

2. Principal Place of Business
 2028 Windsor way
 Suite, Apt. #, etc.

3. Mailing Address
 2028 Windsor way
 Suite, Apt. #, etc.



02102004 Chg-P CR2E034 (10/03)

City & State
 Tampa Florida

City & State
 Tampa Florida

Zip
 33619

Country
 U.S.

Zip
 33619

Country
 U.S.

4. FEI Number
 75-3104867

Applied For
 Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

REYES, CHRISTINA
 5804 36TH AVE. S.
 TAMPA, FL 33619

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 630 Talwood Circle Apt. F

City
 Brandon

FL Zip Code
 33510

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST REYES, CHRISTINA 5804 36TH AVE. S. TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Benitez, maria 2028 Windsor way Tampa FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: N. Reyes 813-2-11-04 6216-2534
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #