

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90007 037 ***150.00

DOCUMENT # P03000067039

1. Entity Name
BECHIL ENTERPRISES, CORP.



Principal Place of Business
**6355 NW 36 STREETSTE 407
VIRGINIA GARDENS, FL 33166**

Mailing Address
**6355 NW 36 STREETSTE 407
VIRGINIA GARDENS, FL 33166**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number **86-1071812**

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

**TOTAL CORPORATION SERVICES INC
6355 NW 36 STREETSTE 407
VIRGINIA GARDENS, FL 33166**

Name

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

City

FL

Zip Code

8. The above named entity authorizes 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 re-registering)

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **FIGUEROA, EUSEBIO D**
CITY-STATE-ZIP **10851 SW 2 STREET #K304
MIAMI, FL 33174**

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

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **DIAZ, BEATRIZ D**
CITY-STATE-ZIP **10851 SW 2 ST #K-3-4
MIAMI, FL 33174**

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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)(h), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Eusebio Figueroa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/2004

305-871-2525

Date

Daytime Phone