


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90041 046 \*\*\*150.00

<b>DOCUMENT # P03000127142</b>							
<b>1. Entity Name</b> BETANCOURT AND SON, INC							
<b>Principal Place of Business</b> 3402 W IVY ST TAMPA FL 33607			<b>Mailing Address</b> 3402 W IVY ST TAMPA FL 33607				
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 73-1686760			
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>Applied For</b></td> </tr> <tr> <td><b>Not Applicable</b></td> </tr> </table>		<b>Applied For</b>	<b>Not Applicable</b>
<b>Applied For</b>							
<b>Not Applicable</b>							
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>				
BETANCOURT, ANSELMO 3402 W IVY ST TAMPA FL 33607			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City	FL	Zip Code		
<b>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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b></p> </div> <div style="width: 60%;"> <p><b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.</p> </div> </div>							
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BETANCOURT, ANSELMO		NAME				
STREET ADDRESS	3402 W IVY ST		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP				
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RAMIREZ, CARLOS M		NAME				
STREET ADDRESS	3402 W IVY ST		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP				
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GONZALES, MARIA		NAME				
STREET ADDRESS	3402 W IVY ST		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
<b>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.</b>							
<b>SIGNATURE:</b> <i>Anselmo Betancourt</i>			3/21/04 (813) 610-8862				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				