



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90070 046 ***150.00

DOCUMENT # P03000141781 1. Entity Name BEBOsoft, INC.					
Principal Place of Business 888 BRICKELL AVENUE FIFTH FLOOR MIAMI, FL 33131 US			Mailing Address 888 BRICKELL AVENUE FIFTH FLOOR MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 777 Brickell Avenue Suite, Apt. #, etc. 950		3. Mailing Address 777 Brickell Avenue Suite, Apt. #, etc. 950			
City & State MIAMI, FL Zip 33131		City & State MIAMI, FL Zip 33131		4. FEI Number 47-0935177	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAEZ, PEDRO P 888 BRICKELL AVENUE FIFTH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name PEDRO P. SAEZ Street Address (P.O. Box Number is Not Acceptable) 777 Brickell Avenue, Ste. 950 City MIAMI FL Zip Code 33131	
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 1-17-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARESE, GIUSEPPE 888 BRICKELL AVENUE, 5TH FLOOR MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FARESE, GIUSEPPE 777 BRICKELL AVENUE, suite 950 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KHAOULI, JULIA 888 BRICKELL AVENUE, 5TH FLOOR MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST KHAOULI, JULIA 777 BRICKELL AVENUE, suite 950 MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/28/07 (954) 727 8210 <small>Date Daytime Phone #</small>		