


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P04000008596 1. Entity Name BETAMPT FLORIDA, INC.		
Principal Place of Business 16891 B ISLE OF PALM DR DELRAY BEACH, FL 33484	Mailing Address 16891 B ISLE OF PALM DR DELRAY BEACH, FL 33484	
DO NOT WRITE IN THIS SPACE		
04272007 No Chg-P CR2E034 (1/05)		
4. FEI Number 26-7731035		Application <input type="checkbox"/> Not applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SQUIRE, STEVEN F 625 NE THIRD AVE FT LAUDERDALE, FL 33304		DO NOT WRITE IN THIS SPACE
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 _____ <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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMMEL, ARNOLD 16891 B ISLE OF PALM DR DELRAY BEACH, FL 33484	
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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 of this report, or on an attachment with an address, with all other like empowered.		
SIGNATURE: Arnold Kimmel		30 April 07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>

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 05/25/07-80025-008 150.00