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Mar 24, 2008 8:00 am
Secretary of State
03-07-2008 90031 037 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000074706

1. Entity Name
BEGINNINGS OF MIAMI, INC.

66004787

03042008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
134 NW 44TH ST. MIAMI, FL 33126	134 NW 44TH ST. MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
304 Redwing Way	304 Redwing Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Casselberry FL	City & State: Casselberry FL
Zip: 32707 Country: USA	Zip: 32707 Country: USA

4. FEI Number: 20-1428611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VILLAR, ROCIO
304 REDWING WAY
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Rocio Villar 03-04-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS AGRAMONTE, MARTIN 304 REDWING WAY CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 all address, with all other like empowered.

SIGNATURE: Martin Agramonte 03-04-2008 786-797-9132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #