2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093663

Entity Name: BESANELL INC.

FILED Sep 03, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
3970 SW : HOLLYW	53RD CT DOD, FL 33312	2		
Current Mailing Address:			New Mailing Address:	
C/O SAM	9 HIGHWAY HEFFEZ, ESQ (N, NY 11229			
FEI Number	: 20-1389435	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address of	f New Registered Agent:
1840 SW: 4TH FLOO MIAMI, FL The above in the Stat	DR 33145 US e named entity s e of Florida.		purpose of changing its registered	d office or registered agent, or both,
SIGNATU		is Cianatura of Dagistarad As	-u+	Dete
		nic Signature of Registered Ag		Date
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
		IURS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS
Name: Address:	PD () HEFFEZ, CLEN 3970 SW 53RE HOLLYWOOD,	Delete MENT DCT		ES TO OFFICERS AND DIRECTORS
Name: Address: City-St-Zip: Title: Name: Address:	HEFFEZ, CLEŃ 3970 SW 53RC HOLLYWOOD,	Delete MENT OCT FL 33312 Delete ECCA OCT	Title: Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	HEFFEZ, CLEM 3970 SW 53RD HOLLYWOOD, VD () KUDMAN, REB 3970 SW 53RD HOLLYWOOD,	Delete MENT OCT FL 33312 Delete ECCA OCT FL 33312	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM HEFFEZ TD 09/03/2006