

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90039 002 ***150.00

DOCUMENT # P04000100337 1. Entity Name BEGONA INVESTMENTS, INC.					
Principal Place of Business 650 SW BRIDGEPORT DR. PORT ST LUCIE, FL 34953			Mailing Address 650 SW BRIDGEPORT DR. PORT ST LUCIE, FL 34953		
2. Principal Place of Business 3041 SW BOXWOOD CIRCLE Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 9415 Suite, Apt. #, etc.		
City & State PORT ST. LUCIE, FL Zip 34953		City & State PORT ST. LUCIE, FL Zip 34985		4. FEI Number 20-1325723	
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 BEGONA, KATHERINE A 650 SW BRIDGEPORT DR. PORT ST. LUCIE, FL 34953				7. Name and Address of New Registered Agent Name BEGONA, KATHERINE A Street Address (P.O. Box Numbers Not Acceptable) 3041 SW BOXWOOD CIRCLE City PORT ST LUCIE FL Zip Code 34953	
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 <u>Katherine Begona, President</u> 1-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P NAME BEGONA, KATHERINE A STREET ADDRESS 650 SW BRIDGEPORT DR. CITY-ST-ZIP PORT ST LUCIE, FL 34953	<input type="checkbox"/> Delete		TITLE P NAME Begona, Katherine A STREET ADDRESS 3041 SW BOXWOOD CIRCLE CITY-ST-ZIP Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BEGONA, CLAUDIO STREET ADDRESS 650 SW BRIDGEPORT DR. CITY-ST-ZIP PORT ST LUCIE, FL 34953	<input type="checkbox"/> Delete		TITLE VP NAME Begona, Claudio STREET ADDRESS 3041 SW BOXWOOD Circle CITY-ST-ZIP Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>Katherine Begona</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-11-05</u> (772) 342-8650 <small>Date Daytime Phone #</small>		

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