


FILED
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Secretary of State

05-02-2005 90472 031 ***158.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000109796					
1. Entity Name BEAUBRUN/INFINITI, INC.					
Principal Place of Business 2932 SOUTHWEST 174 AVENUE MIRAMAR, FL 33029			Mailing Address 2932 SOUTHWEST 174 AVENUE MIRAMAR, FL 33029		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1387979	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEAUBRUN, MARYSE M 2932 SOUTHWEST 174 AVENUE MIRAMAR, FL 33029				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUBRUN, JACQUES A		NAME		
STREET ADDRESS	2932 SOUTHWEST 174 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUBRUN, MARYSE M		NAME		
STREET ADDRESS	2932 SOUTHWEST 174 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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><i>Jacques A. Beaubrun</i></u> 32/3/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

66022138
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Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-1387979 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested BEAUBRUN INFINITI INC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name JACQUES A BEAUBRUN		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 2932 SOUTHWEST 174 AVENUE			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code MIRAMAR FL 33029 -			5b City, state, and ZIP code		
6* County and state where principal business is located County BROWARD State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor JACQUES A BEAUBRUN			7b* SSN, ITIN, EIN 071-44-7089		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> Group Exemption NO. (GEN) ▶					
<input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises					
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ FUNERAL SUPPLIES <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
10* Date business started or acquired (month, day, year) JAN 1 2004			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-".</i>			Agriculture		Household
					Other
14* Check box that best describes the principal activity of your business					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input checked="" type="checkbox"/> Wholesale-other <input type="checkbox"/> Other (specify) <input type="checkbox"/> Retail					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. FUNERAL INDUSTRY SUPPLIES WHOLESAL					
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.					
Legal name ▶					
Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.					
Approximate date when filed (month, day, year)			City and state where filed		Previous EIN
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee		Designee's name TL COVERSON ACCOUNTANT		Designee's telephone number (include area code) (786) 423 - 7991	
		Address and ZIP code 9112 NE 10 AVENUE M SHORES FL 33138 -		Designee's fax number (include area code) (305) 762 - 5904	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (type or print clearly)					
Applicant's telephone number (include area code)					