

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/30/2005-90032-021-\$150.00-\$150.00

12/12

DOCUMENT # P04000117796

1. Entity Name

BEARS BILLIARDS, INC.



FILED

05 SEP 19 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11st MOORE SEP CR2E034 (10/04)

Principal Place of Business  
7632 NW 186 STREET  
MIAMI FL 33015  
US

Mailing Address  
7632 NW 186 STREET  
MIAMI FL 33015  
US

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

20-1482470

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JURISICH, PAUL A  
8235 NW 194 TERRACE  
MIAMI FL 33015

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JURISICH, PAUL A  
STREET ADDRESS 8235 NW 194 TERRACE  
CITY-ST-ZIP MIAMI FL 33015

TITLE S  
NAME JURISICH, ANA CECILIA J  
STREET ADDRESS 8235 NW 194 TERRACE  
CITY-ST-ZIP MIAMI FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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)(f), 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

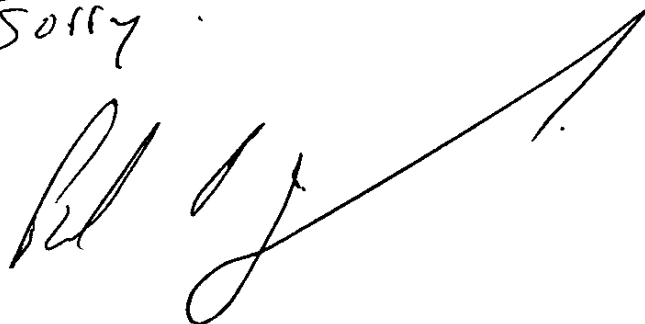
Date

Daytime Phone #

9/16/05

RE Bens Billiards Inc.  
RE # P04000117796

Attached is corrected report  
+ the report was not  
received. Thank you +  
Sorry.

A handwritten signature, possibly reading "Bill J.", written in a cursive style with a long, sweeping horizontal stroke extending to the right.