
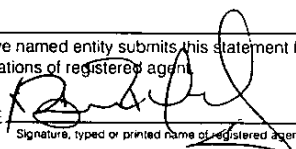
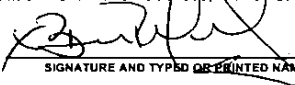


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90057 002 ***150.00

DOCUMENT # P04000129328					
1. Entity Name BETSEBA SERVICES, CORP.					
Principal Place of Business 5057 GARDEN DR ORLANDO, FL 32812		Mailing Address 5057 GARDEN DR ORLANDO, FL 32812			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1613113	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AYALA, ALVARO H 1600 E. ROBINSON ST. SUITE 308 ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name: <u>BETSIDA GUERRA</u> Street Address (P.O. Box Number is Not Acceptable): <u>5057 GARDEN DR</u> City: <u>ORLANDO</u> FL Zip Code: <u>32812</u>		
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: 		DATE: <u>1/22/07</u>			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>		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.	<input type="checkbox"/> Delete	TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, BETSAYDA A		NAME	GUERRA, BETSAYDA A	
STREET ADDRESS	7059 GARDEN DR.		STREET ADDRESS	5057 GARDEN DR	
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Delete	TITLE	VP, S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	VILORIS, JOAO	
STREET ADDRESS			STREET ADDRESS	5057 GARDEN DR	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32812	
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		
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 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 an address, with all other like empowered.					
SIGNATURE: 		DATE: <u>1/22/07</u>		Daytime Phone #	