

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2008 8:00 am**  
**Secretary of State**

07-22-2008 90007 012 \*\*\*550.00

<b>DOCUMENT # P04000129328</b>					
<b>1. Entity Name</b> BETSEBA SERVICES, CORP.					
<b>Principal Place of Business</b> 2059 DIXIE BELL DRIVE, #L ORLANDO, FL 32812-8783			<b>Mailing Address</b> 2059 DIXIE BELL DRIVE, #L ORLANDO, FL 32812-8783		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-1613113	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
GUERRA, BETSAIDA 5057 GARDEN DR ORLANDO, FL 32812				Name Street Address (P.O. Box Number is Not Acceptable) 2059 Dixie Belle Dr Apt L City Orlando FL Zip Code 32812	
<b>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.</b> SIGNATURE:					
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-issuing) DATE					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>			<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GUERRA, BETSAYDA A 5057 GARDEN DR ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GUERRA, BETSAYDA A 2059 DIXIE BELLE DR APT L ORLANDO FL 32812	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VILORIS, JUAN 5057 GARDEN DR ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VILORIA, JUAN 2059 DIXIE BELLE DR APT L ORLANDO FL 32812	
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	
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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____					
Dying: Phone: _____					