

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022470

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: BEECHER'S ENTERPRISES INC.

## Current Principal Place of Business:

10955 SW 15TH ST APT 112  
PEMBROKE PINES, FL 33025

## New Principal Place of Business:

11320 SW 21ST STREET  
MIRAMAR, FL 33025

## Current Mailing Address:

10955 SW 15TH ST APT 112  
PEMBROKE PINES, FL 33025

## New Mailing Address:

11320 SW 21ST STREET  
MIRAMAR, FL 33025

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEECHER, ORVILLE C  
10955 SW 15TH ST APT 112  
PEMBROKE PINES, FL 33025 US

## Name and Address of New Registered Agent:

BEECHER, ORVILLE C  
11320 SW 21ST STREET  
MIRAMAR, FL 33025 US

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.

SIGNATURE:

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOISE, CINDY  
Address: 10955 SW 15TH ST APT 112  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: V ( ) Delete  
Name: BEECHER, ORVILLE C  
Address: 10955 SW 15TH ST APT 112  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S ( ) Delete  
Name: RIMPEL, DAVI  
Address: 10955 SW 15TH ST APT 112  
City-St-Zip: PEMBROKE PINES, FL 33025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MOISE, CINDY  
Address: 11320 SW 21ST STREET  
City-St-Zip: MIRAMAR, FL 33025

Title: V (X) Change ( ) Addition  
Name: BEECHER, ORVILLE C  
Address: 11320 SW 21ST STREET  
City-St-Zip: MIRAMAR, FL 33025

Title: S (X) Change ( ) Addition  
Name: MOISE, CINDY  
Address: 11320 SW 21ST STREET  
City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY MOISE

P

04/29/2006

Electronic Signature of Signing Officer or Director

Date