


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000120262
1. Entity Name
HUMBERTO BETANCOURT ARQUITECTO INC.



Principal Place of Business
2000 ISLAND BLVD #608
AVENTURA, FL 33160

Mailing Address
2000 ISLAND BLVD #608
AVENTURA, FL 33160

DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3485413

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BETANCOURT, HUMBERTO J
2000 ISLAND BLVD #608
AVENTURA, FL 33160

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000854339
03/13/07-80058-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BETANCOURT, HUMBERTO J 2000 ISLAND BLVD #608 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S BETANCOURT, HUMBERTO J 2000 ISLAND BLVD #608 AVENTURA, FL 33160
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  02.27.07 202-744-8972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #