

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154191

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: BESU SERVICES, INC.

**Current Principal Place of Business:**

3940 W 3RD AVE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

14141 LEANING PINE DRIVE  
MIAMI LAKES, FL 33014

**New Mailing Address:**

FEI Number: 20-3839440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BESU, HUMBERTO  
14141 LEANING PINE DRIVE  
MIAMI LAKES, FL 33014 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BESU, HUMBERTO  
Address: 14141 LEANING PINE DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: DS ( ) Delete  
Name: BESU, ISRAEL  
Address: 3940 W 3RD AVE  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HUMBERTO BESU

PRES

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date