

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000024115

Entity Name: BEAUDO CO.

FILED  
Aug 01, 2008  
Secretary of State

## Current Principal Place of Business:

725 NW 100TH TERRACE  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

725 NW 100TH TERRACE  
PLANTATION, FL 33324

## New Mailing Address:

FEI Number: 20-4398345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALEH, DANNY  
725 NW 100TH TERRACE  
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SZPARSKI, OLIVIA M  
Address: 3679 JACK PINE CT  
City-St-Zip: WISCONSIN DELLS, WI 53965

Title: D ( ) Delete  
Name: MALEH, DANNY  
Address: 725 NW 400TH TERRACE  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change ( ) Addition  
Name: SZPARSKI, OLIVIA M  
Address: 3679 JACK PINE CT  
City-St-Zip: WISCONSIN DELLS, WI 53965

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: OLIVIA M SZPARSKI

MS.

08/01/2008

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

\_\_\_\_\_  
Date