## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE

## Apr 02, 2007 8:00 am Secretary of State **DOCUMENT # P06000044944** 04-02-2007 90057 033 \*\*\*158.75 BELJAY SERVICES, CORP. Principal Place of Business Mailing Address 20007942 2031 RENAISSANCE BLVD SUITE 206 2031 RENAISSANCE BLVD SUITE 206 MIRAMAR, FL 33025 MIRAMAR, FL 33025 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 03132007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERAS, JULIO C Street Address (P.O. Box Number is Not Acceptable) 2031 RENAISSANCE BLVD SUITE 206 MIRAMAR, FL 33025 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTF:: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. OBERTO PEREZ 535 SW 73 TERR Addition D ☐ Change TITLE ☐ Delete TITLE NAME VERAS, JULIO C NAME 2031 RENAISSANCE BLVD SUITE 206 STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33025 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE VERAS, BELKYS A NAME NAME 2031 RENAISSANCE BLVD SUITE 206 STREET ADDRESS STREET ADDRESS MIRAMAR, FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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.

FILED