


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90205 036 ***150.00

DOCUMENT # P06000059200 1. Entity Name BEUFF ENTERPRISES FLORIDA INC			
Principal Place of Business 4668 ARCADIA AVE FT PIERCE, FL 34946 US		Mailing Address 4668 ARCADIA AVE FT PIERCE, FL 34946 US	
2. Principal Place of Business - No P.O. Box # 23111 Fashion Dr #109		3. Mailing Address 23111 Fashion Dr #109	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Estero FL		City & State Estero FL	
Zip 33928		Zip 33928	
Country USA		Country USA	
4. FEI Number 204765218		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LISBERG, MARY E 4668 ARCADIA AVE FT PIERCE, FL 34946		7. Name and Address of New Registered Agent Name Lisberg, Mary E Street Address (P.O. Box Number is Not Acceptable) 924 SE 21st Lane City Cape Coral FL 33990	
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 Mary E Lisberg 4/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT LISBERG, MARY E 4668 ARCADIA AVE FT PIERCE, FL 34946	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same 924 SE 21st Lane CAPE CORAL FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS GILBERT, ROBERT S 4668 ARCADIA AVE FT PIERCE, FL 34946	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same 924 SE 21st Lane CAPE CORAL FL 33990
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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: Mary E Lisberg 4/16/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		231-947-7031 <small>Daytime Phone #</small>	