


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90039 012 ***150.00

DOCUMENT # P06000064053

1. Entity Name
 BETANCOURT INVESTIGATIONS AND SERVICES, CORP.



Principal Place of Business
 1512 SW 14 TERR
 MIAMI, FL 33145

Mailing Address
 1512 SW 14 TERR
 MIAMI, FL 33145



2. Principal Place of Business - No P.O. Box #
 5925 SW 42 ST
 Suite, Apt. #, etc.

3. Mailing Address
 5925 SW 42 ST
 Suite, Apt. #, etc.

01062008 Chg-P CR2E034 (12/06)

City & State
 MIAMI FL

City & State
 MIAMI FL

Zip
 33155 Country

Zip
 33155 Country

4. FEI Number 20-4852283
 APPLIED FOR

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BARKET, TIMOTHY K ESQ
 19 W FLAGLER STREET SUITE 1212
 MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name VICTOR BETANCOURT
 Street Address (P.O. Box Number is Not Acceptable)
 5925 SW 42 ST
 City MIAMI FL Zip Code 33155

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 *Victor Betancourt* VICTOR BETANCOURT 1/22/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	D BETANCOURT, VICTOR 1512 SW 14 TERR MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5925 SW 42 ST MIAMI FL 33155
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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: *Victor Betancourt* VICTOR BETANCOURT 1/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #