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Jan 31, 2008 8:00 am
Secretary of State
01-31-2008 90023 042 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

1A

DOCUMENT # P06000070994

1. Entity Name
BECAM CORPORATION

40014883

Principal Place of Business	Mailing Address
2601 SO. BAYSHORE DR., SUITE 1400 MIAMI, FL 33133	2601 SO. BAYSHORE DR., SUITE 1400 MIAMI, FL 33133

01222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2340 So. Dixie Highway	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33133 Country: USA	Zip Country

4. FEI Number: 84-1711790 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DURAN, ALFREDO G 2601 SO. BAYSHORE DR., SUITE 1400 MIAMI, FL 33133	Name: ALFREDO G. DURAN Street Address (P.O. Box Number is Not Acceptable): 2340 So. Dixie Highway City: MIAMI FL Zip Code: 33133

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 (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	P ☐ Delete	TITLE	PRES ☐ Change ☐ Addition
NAME	PRECIADO, ALBERTO	NAME	ALBERTO PRECIADO
STREET ADDRESS	2601 SO. BAYSHORE DR., SUITE 1400	STREET ADDRESS	2340 So. Dixie Highway
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	Miami, Florida 33133
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 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: X [signature] ALBERTO PRECIADO, PRESIDENT 1/29/08 (305) 859-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #