

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90022 014 ***150.00

DOCUMENT # P06000072389

1. Entity Name
B & E ADVERTISING INC.



Principal Place of Business
**5413 NW 163RD STREET
MIAMI, FL 33014**

Mailing Address
**5413 NW 163RD STREET
MIAMI, FL 33014**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08032007

Chg-P

CR2E034 (12/06)

4. FEI Number

91-2207824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, EFRAIN
8161 NW 197TH STREET
MIAMI, FL 33015**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	HERNANDEZ, EFRAIN	
STREET ADDRESS	8161 NW 197TH STREET	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HERNANDEZ, BELKYS	
STREET ADDRESS	8161 NW 197TH STREET	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
40129987

B & E ADVERTISING INC.
5413 N.W. 163RD/ STREET
MIAMI, FLORIDA 33014

TO: STATE OF FLORIDA
DIVISION OF CORPORATION
P.O.BOX 6327
TALLAHASSEE, FL 32314

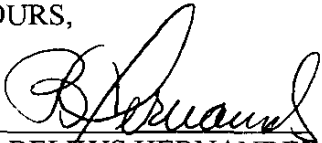
HEREBY WE CERTIFY, THAT WE NEVER RECEIVED THE FORMS FOR
ANNUAL REPORT FOR THE YEAR 2007 AND ON THIS BASE, WE REQUEST
FROM YOU, TO PLEASE, WAIVE THE PENALTY FOR LATE FILING AND
ENCLOSED PLEASE FIND COMPLETE FORM WITH CHECK PAYABLE TO
YOUR ORDER FOR \$150.00

CORPORATION NAME: B& E ADVERTISING INC.

DOCUMENT NUMBER: P06000072389

THANKS.

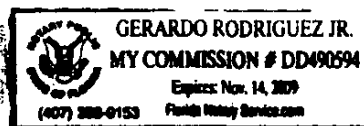
SINCERELY YOURS,


BELKYS HERNANDEZ
V- PRESIDENT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 2007



NOTARY PUBLIC



ATTACHMENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <p>CORPORATION REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>																													
<p>DOCUMENT # P06000072389</p> <p>1. Corporation Name</p> <p style="font-size: 24pt; font-weight: bold; text-align: center;">B & E ADVERTISING INC.</p>																															
<p>2. Principal Office Address - No P.O. Box # 5413 N.W. 163RD ST</p> <p>Suite, Apt. #, etc.</p> <p>City & State MIAMI FL</p> <p>Zip 3014</p>		<p>3. Mailing Office Address</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip</p>																													
<p>7. Name and Address of Current Registered Agent</p> <p>Name EFRAIN HERNANDEZ</p> <p>Street Address (P.O. Box Number is Not Acceptable) 8161 N.W. 169TH STREET</p> <p>Suite, Apt. #, Etc.</p> <p>City MIAMI</p> <p>State FL</p> <p>Zip Code 33015</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>5. FEL Number 41-2207824</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p> <p><input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.</p>																													
<p>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</p> <p>Signature of Registered Agent _____ Date 08/17/2007</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>DPT</td> <td>HERNANDEZ EFRAIN</td> <td>8161 N.W. 197TH ST</td> <td>MIAMI FL.33015</td> </tr> <tr> <td>SVP</td> <td>HERNANDEZ BELKYS</td> <td>8161 N.W. 197TH</td> <td>MIAMI FL.33015</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	DPT	HERNANDEZ EFRAIN	8161 N.W. 197TH ST	MIAMI FL.33015	SVP	HERNANDEZ BELKYS	8161 N.W. 197TH	MIAMI FL.33015																
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<p>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE:  EFRAIN HERNANDEZ 08/17/2007</p> <p style="font-size: 8pt;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																															

40129987

CR2E081 (1/07)