

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106942

Entity Name: THERA BEE COLONY, INC

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

8333 W MCNAB RD
116
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8333 W MCNAB RD
116
TAMARAC, FL 33321

New Mailing Address:

8333 W MCNAB RD
129
TAMARAC, FL 33321

FEI Number: 20-8025164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIRA, RICARDO A
7011 NW 111 TERRACE
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

NEIRA, RICARDO A
8333 W MC NAB RD
129
TAMARAC, FL 33321 US

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.

SIGNATURE: RICARDO NEIRA

04/17/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEIRA, RICARDO A
Address: 7011 NW 111 TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: VP () Delete
Name: FUENTES, CLAUDIA J
Address: 7011 NW 111 TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: T () Delete
Name: NEIRA, CLAUDIA M
Address: 7011 NW 111 TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: S (X) Delete
Name: NEIRA, GABRIEL
Address: 7011 NW 111 TERRACE
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEIRA, RICARDO A
Address: 8333 W MC NAB RD #129
City-St-Zip: TAMARAC, FL 33321

Title: VP (X) Change () Addition
Name: FUENTES, KLAUDIA J
Address: 8333 W MC NAB RD #129
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change () Addition
Name: NEIRA, ALEXANDRA
Address: 8333 W MC NAB RD #129
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KLAUDIA NEIRA

VP

04/17/2008

Electronic Signature of Signing Officer or Director

Date