

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90115 005 ***150.00

DOCUMENT # P07000013074

1. Entity Name

BEIRE "INC"



Principal Place of Business

9280 STARKEY RD
LARGO FL 33777

Mailing Address

9280 STARKEY RD
LARGO FL 33777

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

SAME

3. Mailing Address

9280 STARKEY RD
LARGO FL 33777

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, St.

City & State

Zip

Country

Zip

Country

FL

33777

U.S.A

4. FEI Number

20-5917024

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

CRUZ, BEIRE J SR
9280 STARKEY RD
LARGO FL 33777

Name

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

City

FL

Zip Code

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

Beire Cruz

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
CRUZ, BEIRE J SR
9280 STARKEY RD
LARGO FL 33777

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Beire Cruz

4-20-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #