

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000021753

Entity Name: BEIRN INC.

FILED  
Mar 02, 2008  
Secretary of State

## Current Principal Place of Business:

400 ALTON RD SUITE 1704  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

400 ALTON RD SUITE 1704  
MIAMI BEACH, FL 33139

## New Mailing Address:

FEI Number: 56-2644085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRIER, ALI  
400 ALTON RD SUITE 1704  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TRIER, ALI  
Address: 400 ALTON RD SUITE 1704  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TRIER, ALI D  
Address: 400 ALTON RD SUITE 1704  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Change (X) Addition  
Name: OVERZAT, RITA G D  
Address: 12 WEST 57TH STREET SUITE 1005  
City-St-Zip: NEW YORK, NY 10019

Title: D ( ) Change (X) Addition  
Name: OVERZAT, JENNIFER B D  
Address: 12 WEST 57TH STREET, SUITE 1005  
City-St-Zip: NEW YORK, NY 10019

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: ALICE TRIER

D

03/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date