## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000129964

Entity Name: BEIMCA INVESTMENT, INC.

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3110 W 84TH STREET UNIT #10 12601 NW 115 AV HIALEAH, FL 33018 BUILDING A UNIT 14 MEDLEY, FL 33178

Current Mailing Address: New Mailing Address:

3110 W 84TH STREET UNIT #10 12601 NW 115 AV HIALEAH, FL 33018 BUILDING A UNIT 14 MEDLEY, FL 33178

FEI Number: 26-1528432 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GBS CONSULTANTS, INC.

18501 PINES BLVD STE 201

PEMBROKE PINES, FL 33029

US

JNC ACCOUNTING & TAX SERVICES LLC

17110 ROYAL PALM BLVD

SUITE 1

WESTON, FL 33326 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: JNC ACCOUNTING & TAX SERVICES LLC 04/21/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DPT () Delete
 Title:
 DPT (X) Change () Addition

 Name:
 OSTEICOECHEA, ELENO
 Name:
 OSTEICOECHEA, ELENO

 Address:
 3110 W 84TH STREET UNIT #10
 Address:
 12601 NW 115 AV BLDG A UNIT14

City-St-Zip: HIALEAH, FL 33018 City-St-Zip: MEDLEY, FL 33178

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition

Name: MARTINEZ, BEATRIZ Name: MARTINEZ, BEATRIZ

Address: 3110 W 84TH STREET UNIT #10 Address: 12601 NW 115 AV BLDG A UNIT14

City-St-Zip: HIALEAH, FL 33018 City-St-Zip: MEDLEY, FL 33178

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MALDONADO, OSWALDO
 Name:

 Address:
 3110 W 84TH STREET UNIT #10
 Address:

 City-St-Zip:
 HIALEAH, FL 33018
 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: OSTEICOECHEA ELENO DPT 04/21/2008