

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000004891 <small>1 Entity Name</small> BEA'S ENTERPRISES INTERNATIONAL, INC.																																																
<small>Principal Place of Business</small> 10650 HAVERFORD RD. #2 JACKSONVILLE, FL 32218 US	<small>Mailing Address</small> 10650 HAVERFORD RD. #2 JACKSONVILLE, FL 32218 US																																															
DO NOT WRITE IN THIS SPACE		 <small>01062004 No Chg-P CR2E034 10/03</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"> <small>4 FEI Number</small> 59-3285950 </td> <td style="width: 30%; padding: 2px;"> <small>Applied For</small> <small>Not Applicable</small> </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <small>5 Certificate of Status Desired</small> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>	<small>4 FEI Number</small> 59-3285950	<small>Applied For</small> <small>Not Applicable</small>	<small>5 Certificate of Status Desired</small> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																											
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<small>6 Name and Address of Current Registered Agent</small> BEA, PATRICK B 10650 HAVERFORD ROAD #2 JACKSONVILLE, FL 32218		DO NOT WRITE IN THIS SPACE																																														
<small>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.</small> <table style="width: 100%;"> <tr> <td style="width: 30%;">SIGNATURE _____</td> <td style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width: 30%; text-align: right;">DATE _____</td> </tr> <tr> <td colspan="3"> <small>Signature, typed or printed name of registered agent and title if applicable</small> </td> </tr> </table>			SIGNATURE _____	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____	<small>Signature, typed or printed name of registered agent and title if applicable</small>																																										
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10 OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><small>TITLE</small></td> <td style="width: 15%;"><small>N ME</small></td> <td style="width: 70%;">P</td> </tr> <tr> <td><small>STREET ADDRESS</small></td> <td></td> <td>BEA, PATRICK B</td> </tr> <tr> <td><small>CITY-STATE-ZIP</small></td> <td></td> <td>11576 RIVA RIDGE CT JACKSONVILLE, FL 32218</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><small>TITLE</small></td><td><small>N ME</small></td><td></td></tr> <tr><td><small>STREET ADDRESS</small></td><td></td><td></td></tr> <tr><td><small>CITY-STATE-ZIP</small></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><small>TITLE</small></td><td><small>N ME</small></td><td></td></tr> <tr><td><small>STREET ADDRESS</small></td><td></td><td></td></tr> <tr><td><small>CITY-STATE-ZIP</small></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><small>TITLE</small></td><td><small>N ME</small></td><td></td></tr> <tr><td><small>STREET ADDRESS</small></td><td></td><td></td></tr> <tr><td><small>CITY-STATE-ZIP</small></td><td></td><td></td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><small>TITLE</small></td><td><small>N ME</small></td><td></td></tr> <tr><td><small>STREET ADDRESS</small></td><td></td><td></td></tr> <tr><td><small>CITY-STATE-ZIP</small></td><td></td><td></td></tr> </table>		<small>TITLE</small>	<small>N ME</small>	P	<small>STREET ADDRESS</small>		BEA, PATRICK B	<small>CITY-STATE-ZIP</small>		11576 RIVA RIDGE CT JACKSONVILLE, FL 32218	<small>TITLE</small>	<small>N ME</small>		<small>STREET ADDRESS</small>			<small>CITY-STATE-ZIP</small>			<small>TITLE</small>	<small>N ME</small>		<small>STREET ADDRESS</small>			<small>CITY-STATE-ZIP</small>			<small>TITLE</small>	<small>N ME</small>		<small>STREET ADDRESS</small>			<small>CITY-STATE-ZIP</small>			<small>TITLE</small>	<small>N ME</small>		<small>STREET ADDRESS</small>			<small>CITY-STATE-ZIP</small>			<div style="text-align: center;"> U000000025716 02/02/04-80113-013 158.75 </div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 50px;"> DO NOT WRITE IN THIS SPACE </div>	
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<small>12 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</small>																																																
SIGNATURE: 		<div style="display: flex; justify-content: space-between;"> 1-6-04 904.757-3334 </div>																																														
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																																														