

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 29, 2007 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/06)

4. FEI Number **65-0603980** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

**DOCUMENT # P95000066620**

1. Entity Name  
**BIERA MAR LTD., INC.**

Principal Place of Business  
**1503 WESTWARD HO LN.  
MARATHON FL 33050**

Mailing Address  
**P.O. BOX 500092  
MARATHON FL 33050**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
**KENSON, PAUL C JR.  
1503 WESTWARD HO LN.  
MARATHON FL 33050**

7. Name and Address of New Registered Agent  
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 *[Signature]* (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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                      | DPS                  | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | KENSON, PAUL C JR.   |                                 |  | NAME                                                  |                                 |                                   |  |
| STREET ADDRESS             | 1503 WESTWARD HO LN. |                                 |  | STREET ADDRESS                                        |                                 |                                   |  |
| CITY- ST- ZIP              | MARATHON FL 33050    |                                 |  | CITY- ST- ZIP                                         |                                 |                                   |  |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                      |                                 |  | NAME                                                  |                                 |                                   |  |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS                                        |                                 |                                   |  |
| CITY- ST- ZIP              |                      |                                 |  | CITY- ST- ZIP                                         |                                 |                                   |  |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                      |                                 |  | NAME                                                  |                                 |                                   |  |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS                                        |                                 |                                   |  |
| CITY- ST- ZIP              |                      |                                 |  | CITY- ST- ZIP                                         |                                 |                                   |  |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                      |                                 |  | NAME                                                  |                                 |                                   |  |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS                                        |                                 |                                   |  |
| CITY- ST- ZIP              |                      |                                 |  | CITY- ST- ZIP                                         |                                 |                                   |  |
| TITLE                      |                      | <input type="checkbox"/> Delete |  | TITLE                                                 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                      |                                 |  | NAME                                                  |                                 |                                   |  |
| STREET ADDRESS             |                      |                                 |  | STREET ADDRESS                                        |                                 |                                   |  |
| CITY- ST- ZIP              |                      |                                 |  | CITY- ST- ZIP                                         |                                 |                                   |  |

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: *[Signature]* **02 Jan 07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #