

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000012493**

1. Entity Name  
**BEILS, INC.**



Principal Place of Business  
**12550 BISCAYNE BLVD., STE. 204  
NORTH MIAMI, FL 33181 US**

Mailing Address  
**12550 BISCAYNE BLVD., STE. 204  
294  
NORTH MIAMI, FL 33181 US**



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0652320** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SISSO, ALBERTO  
4400 N FEDERAL HWY  
SUITE #4  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **KLEIN, JORGE**  
STREET ADDRESS **12550 BISCAYNE BLVD., STE. 204**  
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE **VP**  
NAME **SISSO, ALBERTO**  
STREET ADDRESS **12550 BISCAYNE BLVD., STE. 204**  
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

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01/24/06-80060-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

*Jorge Klein Kora* **Jorge Klein Kora**

*01/19/06*

*305-459-4458*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #