2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 02, 2004 8:00 am Secretary of State **DOCUMENT # P97000047944** 1. Entity Name 08-02-2004 90019 036 ***150.00 BEVRICH, INC. Principal Place of Business Mailing Address 11690 WILES RD 7700<u>7</u>040 1055 NW 121ST LANE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 65-0755801 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORETSKY, BEVERLY A Street Address (P.O. Box Number is Not Acceptable) 11690 WILES RD CORAL SPRINGS FL 33076 City 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, typed or printed name of registered agent and title # applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 tate fee. By checking this box, the corporation certifies it, Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Change ☐ Addition TITLE ORETSKY, BEVERLY NAME NAME STREET ADORESS STREET ADDRESS 1055 NW 121 LANE CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Defete ☐ Change TITLE TITLE ORETSKY, JILL NAME NAME STREET ADDRESS 1055 NW 121 LANE STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 an other like empowered.

SIGNATURE:

FILED