


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # P97000081530 1. Entity Name BEA TRAVEL SERVICE CORP. |  |
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| Principal Place of Business 122 LAKE DORA DR. WEST PALM BEACH, FL 33411 | Mailing Address 122 LAKE DORA DR. WEST PALM BEACH, FL 33411 |
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04022007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-0235655 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**EGUIGUREN, BEATRIZ V
122 LAKE DORA DR.
WEST PALM BEACH, FL 33411**

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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 *Beatriz V. Eguiguren* **BEATRIZ V. EGUIGUREN** 04/05/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EGUIGUREN, ALEJANDRO 122 LAKE DORA DR. WEST PALM BEACH, FL 33411 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D EGUIGUREN, BEATRIZ V 122 LAKE DORA DR. WEST PALM BEACH, FL 33411 |
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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: *Alejandro Eguiguren* **ALEJANDRO EGUIGUREN** 04/05/07 561-682-9863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #