

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000106011

1. Entity Name
BEMI UNLIMITED, INC.



Principal Place of Business Mailing Address

800 CENTURY MEDICAL DR. 800 CENTURY MEDICAL DR.
STE. A STE. A
TITUSVILLE, FL 32796 US TITUSVILLE, FL 32796 US

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3482356 Not Applicable

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

6. Name and Address of Current Registered Agent

QUINTANA, MAGALI
800 CENTURY MEDICAL DRIVE
STE. B
TITUSVILLE, FL 32796

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUINTANA, MAGALI
STREET ADDRESS	800 CENTURY MEDICAL DR., STE. B
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	S
NAME	PEREZ, BEATRIZ
STREET ADDRESS	800 CENTURY MEDICAL DR. STE. A
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	VP
NAME	ALVAREZ, IDAIGNA M
STREET ADDRESS	800 CENTURY MEDICAL DR. STE. B
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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03/14/05-80018-016 150.00

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

SIGNATURE: *Beatriz Perez* 3-9-05 321-269-5101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #