



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 A
Secretary of State

DOCUMENT # P97000106011	
1. Entity Name BEMI UNLIMITED, INC.	

Principal Place of Business 800 CENTURY MEDICAL DR. STE. A TITUSVILLE, FL 32796 US	Mailing Address 800 CENTURY MEDICAL DR. STE. A TITUSVILLE, FL 32796 US
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3482356	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

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

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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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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03/04/08-80011-001 150.00

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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   **2/18/08** **321-295-5101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #