

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000006848

1. Entity Name
BETH BAWRACK ENTERPRISES, INC.



Principal Place of Business
**3341 NW 47TH TERR, SUITE 306
BLD #1
LAUDERDALE LAKES, FL 33319**

Mailing Address
**3341 NW 47TH TERR, SUITE 306
BLD #1
LAUDERDALE LAKES, FL 33319**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0807712

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRANT-PENCLE, SHARON
3341 NW 47TH TERR, SUITE 306
LAUDERDALE LAKES, FL 33319**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000942437
05/29/08-80020-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PENCLE, STEVEN
STREET ADDRESS	3341 NW 47TH TERR, SUITE 306
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	PD
NAME	GRANT-PENCLE, SHARON
STREET ADDRESS	3341 NW 47TH TERR, STE 306
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08

Date

**954-257-0838
954-733-0847**

Daytime Phone