## 2005 FOR PROFIT CORPORATION

SIGNATURE:

## Apr 20, 2005 8:00 am Secretary of State ANNUAL REPORT 04-20-2005 90342 036 \*\*\*150.00 DOCUMENT # P98000019527 1. Entity Name BEYNI INVESTMENTS, INC. Principal Place of Business Mailing Address 7925 NW 12TH STREET #407 7925 NW 12TH STREET #407 50040345 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address 2255 NW 20TH STREET 2255 NW 20TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 03282005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For FLORIDA MIAMI, FLORIDA MIAMI, 65-0915269 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33142 USA 33142 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JENNY CARDONA PRADO, JOHANNA Street Address (P.O. Box Number is Not Acceptable) 2255 NW 20TH STREET 7925 NW 12TH STREET #407 MIAMI, FL 33126 City Zip Code 33142 FL MIAMI 8. The above named entity sybmits 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 ster**∉**d agent**∕**1 <u>3/29/05</u> SIGNATURE\_ Signature (NOTE: Registered Agent signature required when reinstating) med or printed ame of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PVS** TITLE ☐ Delete TITLE PVChange Addition BARRIGA, EDGAR NAME NAME EDGAR BARRIGA 2255.NW 20TH STREET STREET ADDRESS. STREET ADDRESS 2255 NW 20TH STREET CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP MIAMI, FL 33142 Delete TITLE Change X Addition THILE S NAME NAME JENNY CARDONA STREET ADDRESS STREET ADDRESS 2255 NW 20TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33142 ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIRE ☐ Change Addition NAME 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 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 otber like empowe

FILED

<u>03/29/05</u>