
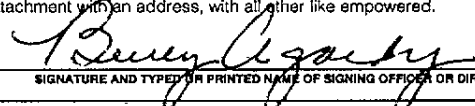


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000036482 1. Entity Name BEVARDY, INC.							
Principal Place of Business 6440 SW 134 DR MIAMI, FL 33156		Mailing Address 6440 SW 134 DR MIAMI, FL 33156					
DO NOT WRITE IN THIS SPACE							
							
		02032005 No Chg-P CR2E034 (10/03)					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">4. FEI Number 65-0833739</td> <td style="width:20%;">Applied For</td> </tr> <tr> <td></td> <td>Not Applicable</td> </tr> </table>		4. FEI Number 65-0833739	Applied For		Not Applicable
4. FEI Number 65-0833739	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 DANIELS, NICHOLAS M ESQ THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE					
TITLE	D	U000000221471 02/09/05-80035-006 150.00					
NAME	AGARDY, BEVERLY						
STREET ADDRESS	6440 SW 134 DRIVE						
CITY- ST- ZIP	MIAMI, FL 33156						
TITLE	D						
NAME	AGARDY, BRUCE						
STREET ADDRESS	6440 SW 134 DRIVE	DO NOT WRITE IN THIS SPACE					
CITY- ST- ZIP	MIAMI, FL 33156						
TITLE	D						
NAME	COE, KIM						
STREET ADDRESS	6440 SW 134 DRIVE						
CITY- ST- ZIP	MIAMI, FL 33156						
TITLE		DO NOT WRITE IN THIS SPACE					
NAME							
STREET ADDRESS							
CITY- ST- ZIP							
TITLE							
NAME							
STREET ADDRESS		DO NOT WRITE IN THIS SPACE					
CITY- ST- ZIP							
TITLE							
NAME							
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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/07/05 305-661-4104 <small>Date Daytime Phone #</small>					