

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90016 008 ***150.00

DOCUMENT # P98000037899

1. Entity Name
B & E MANUFACTURING, INC.



Principal Place of Business
**450 WEST 28 STREET
HIALEAH, FL 33010**

Mailing Address
**450 WEST 28 STREET
HIALEAH, FL 33010**

94051833

2. Principal Place of Business
10177 NW 87 AVENUE

3. Mailing Address
10177 NW 87 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162004 Chg-P CR2E034 (10/03)

City & State
MEDLEY, FL

City & State
MEDLEY, FL

4. FEI Number
65-0829001

Applied For
Not Applicable

Zip
33178

Country
USA

Zip
33178

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALVEZ, BORIS
450 WEST 28 STREET
HIALEAH, FL 33010**

Name

Street Address (P.O. Box Number is Not Acceptable)

10177 NW 87 AVENUE

City
MEDLEY

FL Zip Code
33178

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **GALVEZ, BORIS**
STREET ADDRESS **4491 SW 105 AVENUE**
CITY-ST-ZIP **DAVIE, FL 33328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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)(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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/2004 305 883 2040
Date Daytime Phone #