

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078098

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: BUSINESS ENTERPRISE PARTNERS, INC.

## Current Principal Place of Business:

2400 LAS OLAS BLVD  
PMB 111  
FORT LAUDERDALE, FL 33301

## New Principal Place of Business:

10997 HAWKS VISTA STREET  
PLANTATION, FL 33324 US

## Current Mailing Address:

PMB 111  
2400 E. LAS OLAS  
FORT LAUDERDALE, FL 33301

## New Mailing Address:

10997 HAWKS VISTA STREET  
PLANTATION, FL 33324 US

FEI Number: 65-0959310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHOPEK, JOSEPH B  
2400 E. LAS OLAS BLVD., PMB. 111  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

CHOPEK, JOSEPH B  
10997 HAWKS VISTA STREET  
PLANTATION, FL 33324 US

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.

SIGNATURE: JOSEPH B. CHOPEK

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CHOPEK, JOSEPH B  
Address: PMB 111, 2400 E. LAS OLAS  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D ( ) Delete  
Name: SMITH, KEITH  
Address: 32 WINE STREET  
City-St-Zip: HAMPTON, VA 23669 US

Title: D ( ) Delete  
Name: DIERBERGER, DAVID  
Address: 32 WINE STREET  
City-St-Zip: HAMPTON, VA 23669 US

Title: D ( ) Delete  
Name: FULLER, JUSTIN  
Address: 32 WINE STREET  
City-St-Zip: HAMPTON, VA 23669 US

Title: T ( ) Delete  
Name: SHOEMAKER, WILLIAM  
Address: 2400 E. LAS OLAS BLVD., PMB 120  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CHOPEK, JOSEPH B  
Address: 10977 HAWKS VISTA STREET  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. SHOEMAKER

TREA

04/30/2007

Electronic Signature of Signing Officer or Director

Date