


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P99000106454 |  |
| 1. Entity Name B E C S BABY AND VIRIETY FOOD STORE, INC. | |

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| Principal Place of Business 519 EAST SAMPLE ROAD POMPAÑO BEACH, FL 33064 | Mailing Address 519 EAST SAMPLE ROAD POMPAÑO BEACH, FL 33064 |
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02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0969139 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 5. Name and Address of Current Registered Agent PREMIER MANAGEMENT COMPANY 2331 N.E. 5 AVENUE POMPAÑO BEACH, FL 33064 |
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**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:  2-5-05
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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD DESIR, BENEDIC 3490 N.E. 1ST AVENUE, SUITE #B POMPAÑO BEACH, FL 33064 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD DESIR, CHRISMEÑE 3490 N.E. 1ST AVENUE, SUITE #B POMPAÑO BEACH, FL 33064 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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03/08/05-80036-012 150.00

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IN THIS SPACE**

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:  2-5-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #