



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 12, 2006 08:00 AM  
Secretary of State**

|  |   |  |
|--|---|--|
| <b>DOCUMENT # V06320</b><br>1. Entity Name<br><b>BESS AND ARMANDO INC.</b>   |   |   |
| Principal Place of Business<br><b>1636 S.E. 3RD COURT<br/>DEERFIELD BEACH, FL 33441</b>  |   | Mailing Address<br><b>1636 S.E. 3RD COURT<br/>DEERFIELD BEACH, FL 33441</b>  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>POULOS, ALEX<br/>325 N.W. 37TH WAY<br/>DEERFIELD BEACH, FL 33442</b>   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>  |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PS<br>POULOS, ALEX<br>325 NW 37 WAY<br>DEERFIELD BEACH, FL 33442    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT<br>FERORELLI, PAUL<br>4865 NW 101 AVE<br>CORAL SPRINGS, FL 33076 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:    |   | <b>5/23/06</b> <b>954-427-4871</b><br>Date Daytime Phone #   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  |



01292006 No Chg-P CR2E034 (11/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>65-0306445</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |                               |

U00000564887  
05/20/06-80095-008 150.00

**DO NOT WRITE  
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