


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V12442 1. Entity Name BECINCO, INC.	
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Principal Place of Business 3808 GUNN HIGHWAY SUITE 101 TAMPA, FL 33624	Mailing Address 3808 GUNN HIGHWAY SUITE 101 TAMPA, FL 33624
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DO NOT WRITE IN THIS SPACE

FILED
Aug 27, 2008 08:00 AM
Secretary of State



08082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3112455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSS, DAVID E.
3808 GUNN HWY
SUITE 101
TAMPA, FL 33624**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, DAVID E. 3808 GUNN HIGHWAY TAMPA, FL 33624
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08/27/08-80003-023 550.00

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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: David E. Ross **DAVID E. ROSS** 8-25-08 813-961-8455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #