


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 725306

1. Entity Name
 MIAMI BEACH POWER SQUADRON, INC.



Principal Place of Business
 500 THREE ISLAND BLVD SUITE 527
 HALLANDALE, FL 33009

Mailing Address
 500 THREE ISLAND BLVD SUITE 527
 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE



02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-6166714

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEWAK, PAUL
 500 THREE ISLAND BLVD
 HALLANDALE, FL 33009

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

Filing Fee is \$61.25
Due by May 1, 2004

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

000000051304
 02/16/04-80046-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HAUSMAN, SONIA 1719 NE 142 STREET MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAUSMAN, BOWJAMIN 1719 NE 142 STREET MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LUIS, MASEDA D 5601 COLLINS AVE #1401 MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ISMAEL, PERERA 781 CRANDON BLVD #1801 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 617, 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: _____ **2/12/04** **854-922-0004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #