


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90420 036 \*\*\*\*61.25

**DOCUMENT # 725306**  
 1. Entity Name  
**MIAMI BEACH POWER SQUADRON, INC.**



Principal Place of Business  
**781 GRAHAM BLVD #1801**  
**KEY BISCAYNE, FL 33149**

Mailing Address  
**781 GRAHAM BLVD #1801**  
**KEY BISCAYNE, FL 33149**

2. Principal Place of Business  
**781 CRANDON BLVD**

3. Mailing Address  
**781 CRANDON BLVD**

Suite, Apt. #, etc.  
**1801**

Suite, Apt. #, etc.  
**1801**

City & State  
**Key Biscayne, FL**

City & State  
**Key Biscayne, FL**

Zip  
**33149**

Country  
**MIAMI Dade**

Zip  
**33149**

Country  
**MIAMI Dade**

04282006 Chg-NP CR2E037 (11/05)



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

**PERERA, ISMAEL**  
**781 GRAHAM BLVD UNIT 1801**  
**KEY BISCAYNE, FL 33149**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**781 CRANDON BLVD**  
**UNIT 1801**  
 City **Key Biscayne** **FL** Zip Code **33149**

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 reappointing)

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

Make check payable to **Florida Department of State**

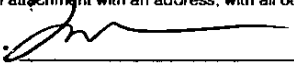
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAUSMAN, SONIA 1719 NE 142 STREET MIAMI, FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIZRACHI, ISAAC 1715 N 46 AVE HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ISMAEL, PERERA 781 CRANDON BLVD #1801 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **Ismael Perera** 4/26/06 305 365 7287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #