


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State


04-27-2007 90223 022 ***150.00

DOCUMENT # 811027	
1. Entity Name BEACH DALE APARTMENTS INC	

Principal Place of Business 700 ANTIOCH AVE FT LAUDERDALE FLA, 33304-3956	Mailing Address C.O DAVID E. BUCK, P.A. 2900 E. OAKLAND PK BLVD #103 FT. LAUDERDALE, FL 33306-1804
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2. Principal Place of Business - No P.O. Box # ____ Suite, Apt. #, etc.	3. Mailing Address ____ Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

60042929



04242007 Chg-P CR2E034 (12/06)

4. FEI Number 59-6058467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BUCK, DAVID E 2900 EAST OAKLAND PARK BLVD. #103 FORT LAUDERDALE, FL 33306-1804	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROUT, DALE 700 ANTIOCH AVE#5 FT LAUDERDALE,, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TROUT DALE 700 ANTIOCH AVE #5 FORT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLAUMIN, JOHN 700 ANTIOCH AVE #18 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GUILLAUMIN, JOHN 700 ANTIOCH AVE #18 FORT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRD, J. KENT 700 ANTIOCH AVE, #14 FT LAUDERDALE,, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BIRD, J. KENT 700 ANTIOCH AVE #10 FORT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARRY, GEORGE 700 ANTIOCH AVENUE, APT 11 FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER AT LARGE FARRY, GEORGE 700 ANTIOCH AVE # 11 FORT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, STEVE 700 ANTIOCH AVE, #9 FT. LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D'AREZZO, RICHARD 700 ANTIOCH AVE #6 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT D'AREZZO, RICHARD 700 ANTIOCH AVE #6 FORT LAUDERDALE, FL 33304 <input checked="" 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 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 *Richard E. D'Arezzo* **RICHARDE D'AREZZO** 4-6-25 (954) 561-3303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRESIDENT