



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90046 025 ***150.00

DOCUMENT # 811035			
1. Entity Name BEACH SHORE APARTMENTS INC.			
Principal Place of Business 700 BAYSHORE DRIVE FORT LAUDERDALE, FL 33304 US		Mailing Address DAVID E BUCK PA CERTIFIED PUBLIC ACC 2900 E OAKLAND PARK BLVD #103 FORT LAUDERDALE, FL 33306-1804 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01032005		Chg-P CR2E034 (10/03)	
4. FEI Number 59-0948860		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		7. Name and Address of New Registered Agent	
BUCK, DAVID E CPA 2900 E OAKLAND PARK BLVD #103 FT LAUDERDALE, FL 33306		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSEN, JAMES L <input checked="" type="checkbox"/> Delete 700 BAYSHORE DR # 5 FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ralph Rabe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 700 Bayshore Dr #14 Fort Lauderdale FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYRDIK, JERRY <input type="checkbox"/> Delete 700 BAYSHORE DR. #2 FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MURRAY, SERALYN <input checked="" type="checkbox"/> Delete 700 BAYSHORE DR, #12 FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LONDON, ROY <input type="checkbox"/> Delete 700 BAYSHORE DR #11 FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUDREAU, LOU <input type="checkbox"/> Delete 700 BAYSHORE DR # 26 FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tom Santos <input type="checkbox"/> Change <input type="checkbox"/> Addition 700 Bayshore Drive #7 Fort Lauderdale FL 33304
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 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: 		March 15, 2005 954-390-0291	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	