

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07995

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** BEACH BREEZE RESORT MOTEL, INC.

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD.,  
SUITE 130-324  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

401 EAST LAS OLAS BLVD.,  
SUITE 130-324  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-0169442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOTWANI, DEV  
401 EAST LAS OLAS BLVD  
SUITE 130-324  
FT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: MOTWANI, RAMOLA R  
Address: 401 E LAS OLAS BLVD., SUITE 130-324  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: O  
Name: MOTWANI, NITIN  
Address: 401 EAST LAS OLAS BLVD., SUITE 130-324  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: O  
Name: MOTWANI, DEV  
Address: 401 EAST LAS OLAS BLVD., SUITE 130-#324  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEV MOTWANI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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04/24/2012

\_\_\_\_\_  
Date