


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90021 028 ****70.00

DOCUMENT # N25761

1. Entity Name
 NORTH BEACH DEVELOPMENT CORPORATION OF MIAMI BEACH, INC.



Principal Place of Business
 210-71 ST STREET, SUITE 310
 MIAMI, FL 33141

Mailing Address
 210-71 ST STREET, SUITE 310
 MIAMI, FL 33141



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05052005 Chg-NP CR2E037 (10/03)

City & State
 Miami Beach, FL

City & State
 Miami Beach, FL

Zip Country

4. FEI Number
 65-0011853

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KAHN, DONALD
 317 71ST STREET
 MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by September 7, 2005

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	DP KLEIN, BARRY 300-71ST STREET, SUITE 550 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GROSS, HOWIE 407 LINCOLN RD MIAMI BEACH, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPEDA, MARGARITA 1701 NORMANDY DR. MIAMI, FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RITTENBERG, JAYSON 7430 COLLINS AVE., MIAMI, FL 33141	<input checked="" 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	DP Weithorn, Mark 210-71st St. #310 MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEILINSON LES 210-71st St #310 MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CEPEDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIEBMAN, NANCY 210-71st Street #310 MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ROBINSON, RANDALL 210-71st St. #310 MIAMI BEACH, FL 33141	<input type="checkbox"/> Change <input checked="" 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 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 persons empowered.

SIGNATURE:  **RANDALL ROBINSON** 5/1/05 305-865-4149

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