2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _-

Jun 09, 2004 8:00 am **Secretary of State DOCUMENT # P03000080848** 06-09-2004 90004 019 ***550.00 1. Entity Name BEACH BITES, INC. Principal Place of Business Mailing Address 44046477 1408 N.E. 4TH PLACE 1408 N.E. 4TH PLACE FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 3. Mailing Address 3009 E. 125 Olas Blu 2. Principal Place of Business 3009 E. las olas Blva CR2E034 (10/03) 03042003 Chg-P City & State City & State Applied For Fort. Lauderdale Not Applicable Country A \$8.75 Additional 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Sean MCMACKIN, SEAN 1408 N.E. 4TH PLACE FORT LAUDERDALE, FL 33301 East las olas 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) \$5.00 May Be FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete D TITLE ☐ Change ☐ Addition TITLE MCNACKIN, SEAN MCMACKIN, SEAN NAME NAME STREET ADDRESS 1408 N.E. 4TH PLACE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

AHachment #703000080848 44046477

BEACH BITES, INC

3009 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33316 954-523-6440

June 5, 2004

Division of Corporations PO box 6198 Tallahassee, FI 32314

Gentlemen:

It has come to my attention that the 2004 annual report was due may 1st. I downloaded the form from your website and noticed the mailing address I used when I formed the corporation in July 2003 was not my current residential or business mailing address. I have made the appropriate address changes on the enclosed form and enclosed a filing fee in the amount of \$550.00. I request that any late filing fees be waived due to an incorrect mailing notification address for this first filing of an annual report by Beach Bites, Inc.

I appreciate your attention to this matter.

BEACH BITES INC

Sean McMackin

President