2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/8/

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-08-2004 90266 001 ***300.00

DOCUMENT # P03000111217

1. Entity Name
BEACHFRONT CONSULTING, INC.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD., SUITE 500 N. MIAMI, FL 33181	12550 BISCAYNE BLVD., SUITE 500 N. MIAMI, FL 33181

02012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
18864 N.W 64 Ct	18864 NW 64 Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami, FL
Zip: 33015 Country: USA	Zip: 33015 Country: USA

4. FEI Number: 02-0708998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORDON, BRIAN D C.P.A. 12550 BISCAYNE BLVD., SUITE 500 N. MIAMI, FL 33181	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD GORDON, BRIAN D C.P.A. 12550 BISCAYNE BLVD., SUITE 500 N. MIAMI, FL 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: [signature] Brian D Gordon P.D. 4/26/04 786-344-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #