


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90042 038 \*\*\*150.00

<b>DOCUMENT # P98000021205</b> 1. Entity Name <b>MISTY BEACH, INC.</b>	
--	---

Principal Place of Business <b>420 LINCOLN ROAD</b> <b>305</b> <b>MIAMI BEACH, FL 33139</b>	Mailing Address <b>420 LINCOLN ROAD</b> <b>305</b> <b>MIAMI BEACH, FL 33139</b>
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03022005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0818833</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PAREDES, MIGUEL**  
**420 LINCOLN ROAD**  
**305**  
**MIAMI BEACH, FL 33139**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	PAREDES, MIGUEL
STREET ADDRESS	1 LUDLAM RD.
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	VD <input type="checkbox"/> Delete
NAME	ROSARIO PAREDES, JOYCE
STREET ADDRESS	420 LINCOLN ROAD, #305
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEL PAREDES
STREET ADDRESS	12101 Pine Needle Lane
CITY-ST-ZIP	Pinecrest FL 33156
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosario Paredes, Joyce
STREET ADDRESS	12101 Pine Needle Lane
CITY-ST-ZIP	Pinecrest FL 33156
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Jane Rosendo Pauls      3/2/05      305-5323036

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