


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90386 026 ***150.00

DOCUMENT # L43107 1. Entity Name BEACH HILL ENTERPRISES, INC.					
Principal Place of Business C/O INTRASTATE REGISTERED AGENTS 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131 US			Mailing Address C/O INTRASTATE REGISTERED AGENTS 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03252004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0168238	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSV FROHLICH, ALFREDO 701 BRICKELL AVENUE, STE., 3000 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROHLICH, ALFREDO 701 BRICKELL AVENUE, STE., 3000 MIAMI, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS FROHLICH-KONSKER, JACQUELYN 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS FROHLICH, MICHELLE 701 BRICKELL AVENUE, STE., 3000 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HAGEN, STEVEN H 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FROHLICH, ALFREDO 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS FROHLICH-KONSKER, JACQUELYN 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS FROHLICH-KLINGER, MICHELLE 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FROHLICH, ALFREDO 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS FROHLICH-KONSKER, JACQUELYN 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS FROHLICH-KLINGER, MICHELLE 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131	<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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				ALFREDO FROHLICH 03/30/2004 <small>Date Daytime Phone #</small>	