


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 480093 1. Entity Name BEACH TYPEWRITER CO., INC.	
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Principal Place of Business 18851 NW 64TH STREET HIALEAH, FL 33015 US	Mailing Address 18851 NW 64TH STREET HIALEAH, FL 33015 US
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01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1634543	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NENGEL, M. FRANK 18851 NW 64TH COURT HIALEAH, FL 33015	DO NOT WRITE IN THIS SPACE
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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 reinstalling) 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 S	NENGEL, MILTON F 18851 NW 64TH COURT HIALEAH, FL 33015
TITLE VP	NENGEL, ALAN S 7041 NW 169TH STREET HIALEAH, FL 33015
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: M. Frank Nengel **M. FRANK NENGEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #