
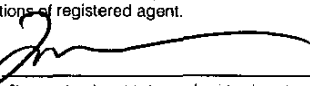
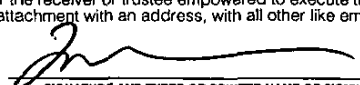


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90060 020 \*\*\*\*61.25

<b>DOCUMENT # 725306</b> 1. Entity Name <b>MIAMI BEACH POWER SQUADRON, INC.</b>			
Principal Place of Business <b>500 THREE ISLAND BLVD SUITE 527</b> <b>HALLANDALE, FL 33009</b>		Mailing Address <b>500 THREE ISLAND BLVD SUITE 527</b> <b>HALLANDALE, FL 33009</b>	
2. Principal Place of Business <b>781 Crandon Blvd</b> Suite, Apt. #, etc. <b>1801</b>		3. Mailing Address Suite, Apt. #, etc. <b>Same</b>	
City & State <b>Key Biscayne</b>		City & State <b>Same</b>	
Zip <b>33149</b>		Country <b>Miami Dade</b>	
4. FEI Number <b>59-6166714</b>		Applied For <input type="checkbox"/> 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  <b>SPIEWAK, PAUL</b> <b>500 THREE ISLAND BLVD</b> <b>HALLANDALE, FL 33009</b>		7. Name and Address of New Registered Agent Name <b>ISMAEL PERERA</b> Street Address (P.O. Box Number is Not Acceptable) <b>781 Crandon Blvd Unit 1801</b> City <b>Key Biscayne</b> <b>FL</b> Zip Code <b>33149</b>	
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 <b>4/1/05</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAUSMAN, SONIA 1719 NE 142 STREET MIAMI, FL 33181	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAUSMAN, BOWJAMIN 1719 NE 142 STREET MIAMI, FL 33181	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUIS, MASEDA D 5601 COLLINS AVE #1401 MIAMI, FL 33140	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ISMAEL, PERERA 781 CRANDON BLVD #1801 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISAAC MIZRACHI 1715 N 46 AVE Hollywood, FL 33021	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISAAC MIZRACHI 1715 N 46 AVE Hollywood, FL 33021	<input type="checkbox"/> Delete	<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 617, 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: 		DATE <b>4/1/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	