


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90046 025 \*\*\*150.00

<b>DOCUMENT # 811035</b> 1. Entity Name <b>BEACH SHORE APARTMENTS INC.</b>					
Principal Place of Business <b>700 BAYSHORE DRIVE FORT LAUDERDALE, FL 33304 US</b>			Mailing Address <b>DAVID E BUCK PA CERTIFIED PUBLIC ACC{ 2900 E OAKLAND PARK BLVD #103 FORT LAUDERDALE, FL 33306-1804 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BUCK, DAVID E CPA 2900 E OAKLAND PARK BLVD #103 FT LAUDERDALE, FL 33306</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>S</b> <b>LARSEN, JAMES L</b> <b>700 BAYSHORE DR # 5</b> <b>FORT LAUDERDALE, FL 33304</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Ralph Rabe</b> <b>700 Bayshore Dr #14</b> <b>Fort Lauderdale FL 33304</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TYRDIK, JERRY</b> <b>700 BAYSHORE DR. #2</b> <b>FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MURRAY, SERALYN</b> <b>700 BAYSHORE DR, #12</b> <b>FORT LAUDERDALE, FL 33304</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LONDON, ROY</b> <b>700 BAYSHORE DR #11</b> <b>FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOUDREAU, LOU</b> <b>700 BAYSHORE DR # 26</b> <b>FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Tom Santos</b> <b>700 Bayshore Drive #7</b> <b>Fort Lauderdale FL 33304</b>	
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: _____			March 15, 2005 954-390-0291 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					