


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90329 010 ***150.00

DOCUMENT # F40193			
1. Entity Name BEVERLY BEACH ENTERPRISES, INC.			
Principal Place of Business 2816 N. OCEANSHORE BLVD. P.O. BOX 1048 FLAGLER BCH, FL 32136 US		Mailing Address P O BOX 1048 FLAGLER BCH, FL 32136 US	
2. Principal Place of Business - No P.O. Box #		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 PALMETTO CHARTER SERVICES, INC. SUITE 920, 444 SEABREEZE BLVD. DAYTONA BEACH, FL 32018		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, 2007 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	STD PARIKH, MADHU 1519 OAK FOREST DRIVE ORMOND BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD (Secretary - Director) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PARIKH MADHU 1519 Oak Forest Drive Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, MAHESH 29 RUBBLY RD. WENHAM, MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDC (Treasurer - Director) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PATEL MAHESH 29 Rubbly Road Wenham MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, SIDDHARTH J. 18 ROCKY BLUFF DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD (President - Director) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18 Rocky Bluff Drive Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, KRISHNA S 18 ROCKY BLUFF DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	No change <input 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>S. J. Patel Siddharth J. Patel</u>		Date: <u>01-25-07</u> Daytime Phone #: <u>386 439-3111</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
President and Director			

40063941




01252007 Chg-P CR2E034 (12/06)

4. FEI Number **59-2102024** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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ATTACHMENT

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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, MAHESH 29 RUBBLY RD. WENHAM, MA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD (TREASURER-DIRECTOR) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PATEL MAHESH 29 RUBBLY ROAD, WENHAM, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEL, SIDDHARTH J. 18 ROCKY BLUFF DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD (PRESIDENT-DIRECTOR) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PATEL SIDDHARTH J. FL 18 ROCKY BLUFF DRIVE, ORMOND BEACH
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
President-Director			

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