

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**

40063941



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-2102024

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALMETTO CHARTER SERVICES, INC.
SUITE 920, 444 SEABREEZE BLVD.
DAYTONA BEACH, FL 32018**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD (Secretary - Director) ☒ Change ☐ 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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TDC (Treasurer - Director) ☒ Change ☐ 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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD (President - Director) ☒ Change ☐ 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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
No change ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: S. J. Patel Siddharth J. Patel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-07

Date

386 439-3111

Daytime Phone #

President And Director

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

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		Country		01252007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-2102024				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <div style="text-align: right;"> FL Zip Code </div>	
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, 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) PARIKH MADHU 1519 OAK FOREST DRIVE ORMOND BEACH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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) PATEL MAHESH 29 RUBBLY ROAD, WENHAM, MA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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) PATEL SIDDHARTH J. 18 ROCKY BLUFF DRIVE, ORMOND BEACH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-25-07 386 439-3111 <small>Date Daytime Phone #</small>		

President-Director