

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000003581**

1. Entity Name  
**GRIFFIN SOUTH BEACH, INC.**



Principal Place of Business  
**130 SOUTH EL CAMINO DRIVE  
BEVERLY HILLS, CA 90212 US**

Mailing Address  
**130 SOUTH EL CAMINO DRIVE  
BEVERLY HILLS, CA 90212 US**



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3956680**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
COHEN, LAWRENCE  
130 SOUTH EL CAMINO DRIVE  
BEVERLY HILLS, CA 90212**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
REDLICH, GLORIA  
130 SOUTH EL CAMINO DRIVE  
BEVERLY HILLS, CA 90212**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
GRIFFIN, MERV  
130 EL CAMINO DRIVE  
BEVERLY HILLS, CA 90212**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
EYRE, MICHAEL  
130 SOUTH EL CAMINO DRIVE  
BEVERLY HILLS, CA 90212**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000255459  
03/08/05-80016-003 150.00

**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)(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 507, 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 empowerments.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05

Date

(310) 385-2708

Daytime Phone #