

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90304 014 \*\*\*150.00

**DOCUMENT # G18591**

1. Entity Name

THE BEACH HOUSE OF FORT MYERS BEACH, INC.



Principal Place of Business

1926 TENTH AVENUE NORTH, SUITE 400  
LAKE WORTH FL 33461  
US

Mailing Address

1926 TENTH AVENUE NORTH, SUITE 400  
LAKE WORTH FL 33461  
US

2. Principal Place of Business

3230 S. Buffalo Drive

Suite, Apt. #, etc.

Suite 108

City & State

Las Vegas, NV

Zip

89117

Country

USA

3. Mailing Address

3230 S. Buffalo Drive

Suite, Apt. #, etc.

Suite 108

City & State

Las Vegas, NV

Zip

89117

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-2284423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

PARRA, OLGA E  
1926 TENTH AVENUE NORTH, SUITE 400  
LAKE WORTH FL 33461

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HONORA, SHAPIRO	
STREET ADDRESS	1926 TENTH AVENUE NORTH, SUITE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BERNSTEIN, MICHAEL	
STREET ADDRESS	1926 TENTH AVENUE NORTH, SUITE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, STEPHEN	
STREET ADDRESS	1926 TENTH AVENUE NORTH, SUITE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PARRA, ORGA E	
STREET ADDRESS	1926 TENTH AVENUE NORTH, SUITE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SESCO, CAROLYN	
STREET ADDRESS	1926 TENTH AVENUE NORTH, SUITE 400	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Ahn	
STREET ADDRESS	182 Grand Street, Apt. 5W	
CITY-ST-ZIP	New York, NY 10013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Andrew Ahn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/04 704-554-5041