

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # G63677		
1. Entity Name ON THE BEACH, INC.		
Principal Place of Business 1110 S. OCEAN POMPANO BEACH, FL 33062	Mailing Address 6341 NW 31 WAY FORT LAUDERDALE, FL 33309	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NOVEMBER, GEORGE S. 11156 LONGBOAT DRIVE COOPER CITY, FL 33026		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 requesting) DATE _____		
FILE NOW!! FEE IS \$180.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CLAYTON, LISA 4485 NW 45TH TERRACE COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P FRACHTMAN, KENNETH 6341 N.W. 31ST WAY FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP FRACHTMAN, MITCHELL 6341 NW 31ST WAY FT. LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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: <i>Kenneth Frachtman</i> <i>4/29/07</i> SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date <i>234-978-0345</i> Daytime Phone		



04222007 No Chg-P CR2E034 (11/05)

4. FCI Number
59-2323043Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**U00000746174
05/16/07-80059-011 150.00

**DO NOT WRITE
IN THIS SPACE**