## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89630

Entity Name: BEACH PACKAGE STORE, INC.

FILED Jan 09, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
3015 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33316	
Current Mailing Address:	New Mailing Address:
503 HOLIDAY DR. HALLANDALE, FL 33009	503 HOLIDAY DRIVE HALLANDALE, FL 33009
FEI Number: 59-2622288 FEI Number Applied For ( ) FEI Nu	mber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
GERSTENHABER, RAM 503 HOLIDAY DR. HALLANDALE, FL 33009 US	GERSTENHABER, RAM 503 HOLIDAY DR. HALLANDALE, FL 33009 US
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.	
SIGNATURE: RAM GERSTENHABER	01/09/2009
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P ( ) Delete Name: GERSTENHABER, RAM, Address: 503 HOLIDAY DR. City-St-Zip: HALLANDALE, FL 33009	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

Name: GERSTENHABER, ADAH,
Address: 503 HOLIDAY DR.
City-St-Zip: HALLANDALE, FL 33009

() Delete

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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

() Change () Addition

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAM GERSTENHABER

P 01/09/2009

electronic 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