


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J63991		
1. Entity Name BEACH REALTY OF BREVARD, INC.		

Principal Place of Business 1904 HWY A1A INDIAN HARBOUR BEACH, FL 32937 US	Mailing Address 1904 HWY A1A INDIAN HARBOUR BEACH, FL 32937 US
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2. Principal Place of Business 1210 Hwy A1A Suite, Apt. #, etc.	3. Mailing Address 1210 Hwy A1A Suite, Apt. #, etc.
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City & State Sat Bch FL Zip 32937 Country Brevard	City & State Sat Bch FL Zip 32937 Country Brevard
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6. Name and Address of Current Registered Agent COHEN, LOUIS L. 251 MARION ST INDIAN HARBOUR BEACH, FL 32937	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 PD COHEN, LOUIS L. 251 MARION ST INDIAN HARBOUR BCHFL.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400047870124 03/08/05--01008--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD- COHEN, BRENDA 251 MARION ST INDIAN HARBOUR BCHFL.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D COHEN, LEON L. 12570 NE 14TH AVE. NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Leon L Cohen</u>	DATE: <u>321-777-0213</u>

FILED  
05 FEB 28 PM 12: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
  
02102005 Chg-P CR2E034 (10/03)

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