


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90219 002 \*\*\*150.00

<b>DOCUMENT # K42128</b> 1. Entity Name SOUTH BEACH DEVELOPMENT CORP.	
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Principal Place of Business 523 MICHIGAN AVE MIAMI BEACH, FL 33139 US	Mailing Address 523 MICHIGAN AVE MIAMI BEACH, FL 33139
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50019849

2. Principal Place of Business 230 5th Street Suite, Apt. #, etc.	3. Mailing Address 230 5th St. Suite, Apt. #, etc.
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02212005 Chg-P CR2E034 (10/03)

City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139	Zip 33139
Country USA	Country USA

4. FEI Number 65-0084213	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRYD, JONATHAN 523 MICHIGAN AVE MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name: Robins, Scott Street Address (P.O. Box Number is Not Acceptable): 230 5th Street City: Miami Beach FL Zip Code: 33139
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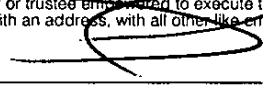
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 2/21/05  
(NOTE: Registered Agent signature required when reinstating)

<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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV ROBINS, SCOTT 230 5TH STREET MIAMI BEACH, FL 33139 <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	PD SCHARLIN, DAVID 3635 BATTERSEA RD MIAMI, FL 33133 <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	TD FISHER, RANDALL C 7540 SW 114 ST MIAMI, FL 33156 <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:  DATE: 2/21/05 305-674-0600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SCOTT ROBINS COMPANIES  
230 FIFTH STREET  
MIAMI BEACH, FL 33139