

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L48054

FILED
Mar 20, 2009
Secretary of State

Entity Name: BEL-AIRE BEACH APARTMENTS, INC.

Current Principal Place of Business:

1800 NORTH BROADWALK
OFFICE
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

Current Mailing Address:

BELAIRE BEACH APT.
1800 N. BROADWALK
HOLLYWOOD, FL 33019 US

New Mailing Address:

FEI Number: 65-0173775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCADAMS, CRAIG
320 N.E. 2 COURT
DANIA, FL 33004 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCADAMS, GRACE,
Address: 1800 N BOARDWALK
City-St-Zip: HOLLYWOOD BCH, FL

Title: SP () Delete
Name: MCADAMS, CRAIG
Address: 320 N.E. 2 COURT
City-St-Zip: DANIA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCADAMS, GRACE,
Address: 1800 N BOARDWALK
City-St-Zip: HOLLYWOOD BCH, FL 33019 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: GRACE D. MCADAMS

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date