

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 12, 2007
Secretary of State**

DOCUMENT# N03000000517

Entity Name: FOURTH DIMENSION OF SOUTH BEACH, INCORPORATED

Current Principal Place of Business:

9 ISLAND AVE.
APT#902
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

9 ISLAND AVE.
902
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 04-3757649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREM, MIGUEL E MR.
1225 WEST AVE.
#301
MIAMI BEACH, FL 33139 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JAMENSON, ELLEN MRS.
Address: 9 ISLAND AVE. # 902
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: VALDEZ, HECTOR MR.
Address: 9120 N.E. 8TH AVE. #3
City-St-Zip: MIAMI SHORES, FL 33138

Title: SD () Delete
Name: FIGUEROA, ROBERTO F
Address: 230 28TH STREET, #3
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Delete
Name: RAMOS, FERNANDO
Address: 1770 MERIDIAN AVE, #106
City-St-Zip: MIAMI BEACH, FL 33139

Title: VTD () Delete
Name: VALDES, HECTOR
Address: 9120 NE 8TH AVE, #3
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: PREM, MIGUEL
Address: 1225 WEST AVE, #301
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JAMESON, ELLEN MRS.
Address: 9 ISLAND AVE. # 902
City-St-Zip: MIAMI BEACH, FL 33139

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

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Name:
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Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN JAMESON

PD

03/12/2007

Electronic Signature of Signing Officer or Director

Date