

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90710 022 ***150.00



DOCUMENT # P0000021574

1. Entity Name
SOUTH BEACH INTERNET, INC.

Principal Place of Business
**10180 NW 54 TERR
 MIAMI FL 33178**

Mailing Address
**10180 NW 54 TERR
 MIAMI FL 33178**



MOORE CR2E034 (11/03)

2. Principal Place of Business
6520 NW 114 Ave.
 Suite, Apt. #, etc.
1636
 City & State
Miami, FL
 Zip
33178
 Country
U.S.A.

3. Mailing Address
6520 NW 114 Ave.
 Suite, Apt. #, etc.
1636
 City & State
Miami, FL
 Zip
33178
 Country
U.S.A.

4. FEI Number **65-0987752** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**JOYCE, MARSHA W
 10180 NW 54 TERR
 MIAMI FL 33178**

7. Name and Address of New Registered Agent
 Name **Marsha W. Joyce**
 Street Address (P.O. Box Number is Not Acceptable)
6520 N.W. 114 AVE.
#1636
 City **Miami** FL Zip **33178**

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 Marsha W. Joyce **Marsha W. Joyce** **April 30, 2004**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	JOYCE, ANTHONY R	
STREET ADDRESS	10180 NW 54 TERR.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	PS	<input type="checkbox"/> Delete
NAME	JOYCE, MARSHA W	
STREET ADDRESS	10180 NW 54 TERR.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony R. Joyce #1636	
STREET ADDRESS	6520 NW 114 Ave. #1636	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marsha W. Joyce #1636	
STREET ADDRESS	6520 NW 114 Ave. #1636	
CITY-ST-ZIP	Miami, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Marsha W. Joyce **Marsha W. Joyce** **4/30/04** **305-392-6759**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #