

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033628

**FILED**  
**Apr 09, 2008**  
**Secretary of State**

**Entity Name:** SOUTH BEACH ACCOUNT PLANNING CO.

**Current Principal Place of Business:**

1 CENTURY LANE  
SUITE 207  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1 CENTURY LANE  
SUITE 207  
MIAMI BEACH, FL 33139

**New Mailing Address:**

1034 NW 21ST AVE.  
SUITE 36  
PORTLAND, OR 97209

**FEI Number:** 65-0995142      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

URICH, JENNIFER  
1 CENTURY LANE #207  
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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD      ( ) Delete  
**Name:** URICH, JENNIFER  
**Address:** 1 CENTURY LANE #207  
**City-St-Zip:** MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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: JENNIFER URICH

PD

04/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date