

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/28

FILED
May 20, 2004 8:00 am
Secretary of State

04-28-2004 90276 039 ***150.00

DOCUMENT # P00000046372 1. Entity Name BEACH BUGGY ICE CREAM, INC.					
Principal Place of Business 1069 NE 43 STREET OKLAND PARK, FL 33334			Mailing Address 1069 NE 43 STREET OKLAND PARK, FL 33334		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1006965	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LLOS, GERMAN PIN 1069 NE 43 STREET OKLAND PARK, FL 33334				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINELLOA, GERMAN 11301 NW 39 STREET CORAL SPRINGS, FL 33085 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PINILLOS GERMAN 1069 NE 43 ST OKLAND PARK FL 33334 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR					

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*payment sent 042304
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