## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2006 8:00 am Secretary of State

DOCUMENT # P0000068496  1. Entity Name SUNCOAST BEACH REALTY, INC.										02-03		-	027 ***	
Principal Place of Business 5401 COLLINS AVENUE SUITE CU-3 MIAMI BEACH, FL 33140-2529 US				Mailing Address 5401 COLLINS AVENUE SUITE CU-3 MIAMI BEACH, FL 33140-2529			9 US							
2. Principal Place of Business					Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.  City & State					01312006	Chg-P		CR2E	034 (11/05	Applied For
City & State				,					4. FEI Number 65-102					Not Applicable
Zip	Country			Zip Coun			itry	5. Certificate of Status Desired See Required Fee Required						
6. Name and Address of Current Registered Agent							Name		7. Name and	Address of	Now Re	gistered	Agent	
DE LOS RIOS, JORGE 5401 COLLINS AVE							Street Address (P.O. Box Number is Not Acceptable)							
SUITE CU 3 MIAMI BEACH, FL 33140														
								City FL Zip Code						ode
	named entit			r the pu	rpose of changing its	register	ed office or	register	ed agent, or bo	th, in the Stat	e of Flor	ida. I am	familiar wit	th, and accept
SIGNATURE.	JORGE Signature, proprio	PRESIDENT applicable (NOT	ire required	when reinstating)		2	2_1_06	ā						
FILE NOW!!! FEE IS \$150.00  After May 1/2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees														
10. OFFICERS AND I									ADDITIONS	CHANGES T	O OFFI	CERS AND	DIRECTO	ORS IN 11
TITLE	l .	RIOS, JOF	RGE A	<del></del>	☐ Delete	TITL	E	D	105 RJ	05, JE	me	A	Change	e 🗌 Addilion
STREET ADDRESS CATY-ST-ZIP	5401 COLLINS AVE #103/CU3 MIAMI BEACH, FL 33140						ET ADDRESS -St-zip	5 K	or colli	us ar	FL	33	140	<i>3</i>
TITLE NAME	D DE LOS I	RIOS, CAF	RMILLA		☐ Delete	TITL		0	E LOS R	.505, C	arm	رذااع	Change	e Addition
STREET ADDRESS	5401 COLLINS AVE #103/CU3 MIAMI BEACH, FL 33140				STRE			DE LOS ROS, Carmilla HOU-3 5401 Collins Avenue HOU-3 Miami Buch Fl 33140					3	
TITLE	INICIAII DE		33140		☐ Delete	IIIL		17(	cam, r	rach,	rc	<u> </u>	☐ Change	e
NAME STREET ADDRESS CITY-ST-ZIP	i					1	EET ADDRESS ST-ZIP							
TITLE					☐ Delete	TITL	 E						☐ Change	e 🔲 Addition
NAME STREET ADORESS							ET ADORESS							
CITY-ST-ZIP							-ST-ZIP						C 05	- FTT sauve-
NAME STREET ADDRESS CITY-ST-ZIP					☐ Delate								☐ Change	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Delete	1							☐ Change	e Addition
12. I hereby of indicated of the core changed	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.													information per or director or Block 11 if