2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000104247

1. Entity Name BEACH PARK HOLDINGS, INC.

Principal Place of Business Mailing Address

ONE PROGRESS PLAZA

SUITE #450

SAINT PETERSBURG, FL 33701

ONE PROGRESS PLAZA

SUITE #450

SAINT PETERSBURG, FL 33701

FILED Mar 15, 2004.08:00 AM Secretary of State



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3680688

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AVIRAM, JIMMY ONE PROGRESS PLAZA **SUITE #450**

DO NOT WRITE

SAINT PETERSBURG, FL 33701			IN THIS SPACE		
	named entity submits this statement for the putions of registered agent.	rpose of changing its register	ed office or r	egistered agent, or bo	offi, in the State of Florida, I am lamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent end file if	appilicable. (NOTE, Registere	d Agent signature	required when refinstaling)	DAYE
	E NOW!!! FEE 18 \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000087232 U3/15/04-80003-013 150.m
10.	ÖFFIČERS AND DIREC	TORS			The second secon
ISTRE NAME STREET ADDRESS ONLY- ST- ZIP	PSTD AVIRAM, JIMMY ONE PROGRESS PLAZA, #450 SAINT PETERSBURG, FL 33701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TRILE NAME STREET ADDRESS CHY-SI-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filling 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: _

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SKIND OFFICER OR DIRECTOR

3-10-04