## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 13, 2006 8:00 am Secretary of State

DOCUMENT # P0100001688  1. Entity Name SOUTH BEACH ESTATES GROUP INC.					01-13-2006 9	90047 001 ***	*150.0	00	
Principal Place of Business 8370 W FLAGLER ST STE #125 MIAMI, FL 33144 US	LAGLER ST 8370 W FLAGLER ST 5 STE #125				#181 JB11 8814 821/1 881/1		Incha anios	P) (( ( <b>TE</b> )	
Principal Place of Business	incipal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01052006	Chg-P	CR2E034 (11	1/05)		
City & State	City & State			4. FEI Number 65-1152	995	Applied For Not Applicable			
Zip Country	Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM			Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Address (P.O. Box Number is Not Acceptable) 8370 WEST FLAGLER ST. # 125						
			City MT	\ M T		FL 3	g Goge		
8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce								d accept	
the obligations of registered agent.									
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
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	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRE	CTORS I	N 11	
TILE DPST	☐ Delete	TITLE NAME					апде	☐ Addition	
NAME   ELIAS, DAVID   STREET ADDRESS   8370 W FLAGLER ST #125	•		T ADDRESS						
CITY-ST-ZIP MIAMI, FL 33144	MIAMI, FL 33144 CIT		ST-ZIP						
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CITY-SI-ZIP		CITY-S	ST-ZIP						
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NAME CONSTRUCTION		NAME	T ADDRESS						
STREET ADDRESS ! CITY-ST-ZIP		City-S							
TITLE	☐ Delete	TITLE					hange	Addition	
NAME		NAME							
STREET ADDRESS CITY-ST-ZIP		CITY-S	T ADDRESS ST-ZIP						
12. I hereby certify that the information supplies with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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 flustee 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.									
changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daylume Phone 4									