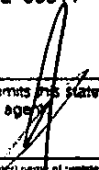
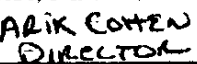


FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90094 035 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000009725			
1. Entity Name BEACH WORLD, INC.			
Principal Place of Business 2719 NW 29 TERRACE BLD#11 FT LAUDERDALE, FL 33311		Mailing Address 2719 NW 29 TERRACE FT LAUDERDALE, FL 33311	
2. Principal Place of Business 2912 NW 28 ST Suite, Apt. #, etc. Bldg 10 City & State Lauderdale Lakes FL Zip 33311		3. Mailing Address 2912 NW 28 ST Suite, Apt. #, etc. Bldg 10 City & State LAUDERDALE LAKES FL Zip 33311	
		03282005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1104408		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWBERG, SHOOKI 2719 NW 29TH TERRACE FORT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name ARIK COHEN Street Address (P.O. Box Number is Not Acceptable) 2912 NW 28 STREET Bldg 10 City LAUDERDALE LAKES FL Zip Code 33311	
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 		DATE ARIK COHEN	
FILE NOW!! FEE IS \$180.00 After May 1, 2005 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 BOWBERG, SHOOKI 2719 NW 29 TERRACE FT LAUDERDALE, FL 33311 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP YORAM PERETZ 2912 NW 28 ST Bldg 10 LAUDERDALE LAKES FL 33311 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARIK COHEN 2912 NW 28 ST Bldg 10 LAUDERDALE LAKES FL 33311 ☐ 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)(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 amendments.			
SIGNATURE: 		DATE ARIK COHEN	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	