03/27/2005 07:34 7187315-00 ESSENTIAL BUS

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90094 035 ***150.00

DOCUMENT # P01000009725

1. Entity Name
BEACH WORLD, INC.

Principal Place of Business	Mailing Address
2719 NW 29 TERRACE BLD#11 FT LAUDERDALE, FL 33311	2719 NW 29 TERRACE FT LAUDERDALE, FL 33311

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2912 NW 28 ST	2912 NW 28 ST
Suite, Apt. #, etc.: Bldg 10	Suite, Apt. #, etc.: BLDG 10
City & State: Lauderdale Lakes FL	City & State: LAUDERDALE LAKES FL
Zip: 33311 Country:	Zip: 33311 Country:

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: ARIK COHEN
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	DP YOREM PEREZ 2912 NW 28 ST Bldg 10 LAUDERDALE LAKES FL 33311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D ARIK COHEN 2912 NW 28 ST. Bldg 10 LAUDERALE LAKES FL 33311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 empowered.

SIGNATURE: ARIK COHEN DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #