2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004
Secretary of State

DOCUMENT# P01000099010

Entity Name: BEACH 600 CORP.

Current Principal Place of Business:

441 POINCIANA ISL DR
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

441 POINCIANA ISL DR
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 65-1152750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAENZ, GEORGE CPA
45 SW 24TH ROAD
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FERIOLI, FRANCISCO
Address: CORDOBA 531 6O
City-St-Zip: CP 2000 ROSARIO, ARGENTINA,

Title: D ( ) Delete
Name: ALVES, OMAR
Address: WHEELWRIGHT 1547
City-St-Zip: CP 2000 ROSARIO, ARGENTINA,

Title: D ( ) Delete
Name: FAURE, MARCELO
Address: 1348 WASHINGTON AVENUE #125
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: FAURE, EDGAR
Address: 1348 WASHINGTON AVENUE #125
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCELO FAURE P 04/22/2004

Electronic Signature of Signing Officer or Director Date