2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2004
Secretary of State

DOCUMENT# P02000005206

Entity Name: LOST BEACH CYCLE INC.

Current Principal Place of Business:

10845 SW 188 ST
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10845 SW 188 ST
MIAMI, FL 33157

New Mailing Address:

FEI Number: 04-3592627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOONS, WILLIAM
21300 SW 183 AVE
MIAMI, FL 33187 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: KOONS, WILLIAM
Address: 21300 SW 183 AVE
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM KOONS D 02/01/2004

Electronic Signature of Signing Officer or Director Date