


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

06-28-2004 90012 006 \*\*\*550.00

<b>DOCUMENT # P02000011917</b> 1. Entity Name <b>BEACON HOUSING CORPORATION</b>					
Principal Place of Business <b>20191 E. COUNTRY CLUB DRIVE APT. 2501 AVENTURA, FL 33180</b>			Mailing Address <b>20191 E. COUNTRY CLUB DRIVE APT. 2501 AVENTURA, FL 33180</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2139 N. BEACHWOOD DRIVE</b>  Suite, Apt. #, etc.			
City & State		City & State <b>LOS ANGELES, CA</b>		4. FEI Number <b>43-1949719</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>90068</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DICHTER, PAUL D 20191 E. COUNTRY CLUB DRIVE APT 2501 AVENTURA, FL 33180</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Delete <b>DICHTER, PAUL D</b> <b>20191 E. COUNTRY CLUB DRIVE, APT. 2501</b> <b>AVENTURA, FL 33180</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JON DICHTER</b> <b>2536 ALKI AVE SW #223</b> <b>SEATTLE WA 98116</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <input type="checkbox"/> Delete <b>POORE, MARK H CPA</b> <b>2139 N. BEACHWOOD DRIVE</b> <b>LOS ANGELES, CA 900683403</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: MARK H. POORE CPA</b> <i>Mark H. Poore</i> <b>TRSA.</b> <b>06-23-2004</b> <b>323-993-6220</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					