

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000012235 1. Entity Name NEL BEACH INVESTMENTS, INC.	
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Principal Place of Business C/O NICHOLAS FERNANDEZ, P.A. 780 N.W. LEJEUNE ROAD, SUITE 324 MIAMI, FL 33126	Mailing Address C/O NICHOLAS FERNANDEZ, P.A. 780 N.W. LEJEUNE ROAD, SUITE 324 MIAMI, FL 33126
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0267619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
780 N.W. LEJEUNE ROAD, SUITE 324
MIAMI, FL 33126

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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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

1100000192739
01/25/05-80025-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARDENAS, JOSE N 780 NW LE JEUNE ROAD, #324 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ESPEJO, EDGAR 780 NW LE JEUNE ROAD, #324 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PACHECO, LUCIO 780 NW LE JEUNE ROAD, #324 MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lucio Pacheco 01/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #