


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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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01302006 No Chg-P CR2E034 (11/05)

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

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| 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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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 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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04/29/06-80005-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/11/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #