


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90014 042 ***150.00

| | | | |
|--|---|---|--|
| DOCUMENT # P02000012235 1. Entity Name NEL BEACH INVESTMENTS, INC. | |  | |
| 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 | |
| 2. Principal Place of Business - No P.O. Box # 10 N.W. LE JEUNE ROAD | | 3. Mailing Address 10 N.W. LE JEUNE ROAD | |
| Suite, Apt. #, etc. SUITE 500 | | Suite, Apt. #, etc. SUITE 500 | |
| City & State MIAMI, FL | | City & State MIAMI, FL | |
| Zip 33126 | Country | Zip 33126 | Country |
| 6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 780 N.W. LEJEUNE ROAD, SUITE 324 MIAMI, FL 33126 | | 7. Name and Address of New Registered Agent Name ESQUIRE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 10 N.W. LE JEUNE ROAD STE 500 City MIAMI FL Zip Code 33126 | |
| 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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP CARDENAS, JOSE N 780 NW LE JEUNE ROAD, #324 MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP CARDENAS, JOSE N 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS ESPEJO, EDGAR 780 NW LE JEUNE ROAD, #324 MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS ESPEJO, EDGAR 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT PACHECO, LUCIO 780 NW LE JEUNE ROAD, #324 MIAMI, FL 33126 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT PACHECO, LUCIO 10 N.W. LE JEUNE ROAD STE 500 MIAMI, FL 33126 <input checked="" 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |