2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2004 8:00 am Secretary of State **DOCUMENT # P02000050154** 03-12-2004 90022 005 ***150 00 1. Entity Name SOUTH BEACH UMBRELLA COMPANY Principal Place of Business Mailing Address **24013040** 100 WEST CYPRESS CREEK RD 100 WEST CYPRESS CREEK RD FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0687118 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WATKIN, NATHANIEL R Street Address (P.O. Box Number is Not Acceptable) 100 WEST CYPRESS CREEK RD FT LAUDERDALE, FL 33309 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. ----Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE NEME ☐ Delete TITLE ☐ Change ☐ Addition HARIOUK, ALAIN NAME **8086 NW 11TH MANOR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33322 CITY-ST-ZIE TITLE ☐ Delete ☐ Change Addition TITLE WATKIN, NATHANIEL R NAME NAME STREET ADDRESS 6082 GLENDALE DR STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-7IF SEC Delete TITLE TITLE ☐ Change Addition FOCKE, JR, HENRY WILLIAMS, FRANK G NAME NAME 11935 N.W. 37th ST. 1170 A1A #203 STREET ADDRESS STREET ADDRESS HILLSBORO BEACH, FL 33062 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE t □ Delete ___3 ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

NATHANIEL R. WATICIN

dress, with all other like empowered

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

954-267-9393

Daytime Phone #