2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000063839

SOUTH BEACH COMMERCIAL CORNER INC.



Principal Place of Business

1655 DREXEL AVENUE

SUITE 212

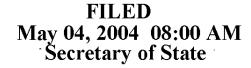
MIAMI BEACH, FL 33139

Mailing Address

1655 DREXEL AVENUE

SUITE 212

MIAMI BEACH, FL 33139





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04222004 No Chg-P

CR2E034 (10/03)

4. FEI Number 04-3687118

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASERSTEIN, CARLOS 1655 DREXEL AVENUE SUITE 212 MIAMI BEACH, FL 33139

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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 Florid	 I am familiar with, and accept
the obligations of registered agent.	,

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

(NOTE: Registered Agent signalure required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. PD TITLE NAME WASERSTEIN, CARLOS STREET ADDRESS 1655 DREXEL AVENUE, SUITE 212 CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE WASERSTEIN, JAIME MARKE STREET AUDRESS 1655 DREXEL AVENUE, SUITE 212 CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE NAME WASERSTEIN, DANIEL STREET ADDRESS 1655 DREXEL AVE. #212 CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

#00000155422 05/05/04-80038-002 158.75

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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 truefee empowered to execute this peport 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP