

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000063839

1. Entity Name

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



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WASERSTEIN, CARLOS  
STREET ADDRESS 1655 DREXEL AVENUE, SUITE 212  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE TD  
NAME WASERSTEIN, JAIME  
STREET ADDRESS 1655 DREXEL AVENUE, SUITE 212  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE SD  
NAME WASERSTEIN, DANIEL  
STREET ADDRESS 1655 DREXEL AVE. #212  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN00000554114  
05/15/06-80078-023 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/06 305-672-7741