2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000063839

SOUTH BEACH COMMERCIAL CORNER INC.



Principal Place of Business

1655 DREXEL AVENUE SUITE 212

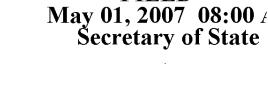
MIAMI BEACH, FL 33139

Mailing Address

1655 DREXEL AVENUE

SUITE 212

MIAMI BEACH, FL 33139



FILED



04242007

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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.	
4	

SIGNATURE

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

(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADORESS CITY-ST-71P	PD WASERSTEIN, CARLOS 1655 DREXEL AVENUE, SUITE 212 MIAMI BEACH, FL 33139
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	TD WASERSTEIN, JAIME 1655 DREXEL AVENUE. SUITE 212 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASERSTEIN, DANIEL 1655 DREXEL AVE. #212 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
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TITLE NAME STREET ADDRESS	

U00000752310 05/21/07-80012-001 158.75

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 of flustee 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. 07

SIGNATURE:

ING OFFICER OR DIRECTOR URE AND TYPED OR PRINTED NAME O

Daylime Phone #