

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00
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



04242007 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, 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 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

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 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 #

4/19/07