

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 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**



04172008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000947301

06/02/08-80008-022 158.75

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 | |

**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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

Daytime Phone #