

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

4/7/2004-90004-042-\$150.00-\$150.00

**FILED**


*kelz*

04 OCT 15 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P03000018013**

1. Entity Name  
**THE BEACH CLUB #1010, CORP.**



Principal Place of Business  
**17600 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160**

Mailing Address  
**17600 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



04022004 Chg-P CR2E034 (10/03)

4. FEI Number  
**510448636**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**EXECUTIVE PLANNING, LLC.  
17600 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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]* **04/02/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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 ADDRESS CITY-ST-ZIP	DPS VILAR, CONSUELO 17600 COLLINS AVE SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SELTZER, MARIO 17600 COLLINS AVE SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

*[Signature]* **10/19/04**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/02/04** **307-917-600**  
Date Daytime Phone #

202

Miami, FL

Secretary of State  
Division of Corporation

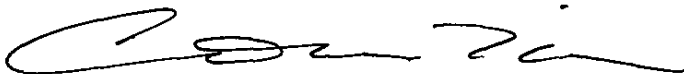
RE: The Beach Club 1010, Corp  
FEI Number: 510448636

Attn: Reinstatement Section

As per your request I'm sending a copy of the check and the profit corporation, I have sent it on time 04/02/04. Please update the status of this Corporation on -line, and I would like you not to charge me any kind of late Fees, due that I sent everything on time.

Thank you,

Sincerely,



Consuelo Vilar  
DPS  
The Beach Club 1010, Corp