

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

04 OCT 15 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/2

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04022004 Chg-P CR2E034 (10/03)

4. FEI Number
510448636

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

Applied For ☐ Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EXECUTIVE PLANNING, LLC. 17600 COLLINS AVE SUNNY ISLES BEACH, FL 33160		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]* DATE: **04/02/04**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution... ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 11.	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: **04/02/04** 305-917-600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

202

Miami, FL

Secretary of State
Division of Corporation

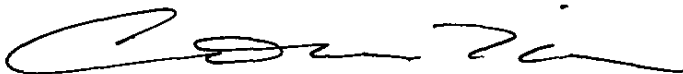
RE: The Beach Club 1010, Corp
FEI Number: 510448636

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