2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P03000043101

Entity Name: BEACH 612 CORP

Current Principal Place of Business:

441 POINCIANA ISLAND DR
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

441 POINCIANA ISLAND DR
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 27-0054814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAENZ, GEORGE
45 SW 24 ROAD
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FAURE, MARCELO
Address: 441 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES, FL 33160

Title: D ( ) Delete
Name: FAURE, EDGAR
Address: 441 POINCIANA ISLAND DRIVE
City-St-Zip: MIAMI, FL 33160

Title: D ( ) Delete
Name: ALVES, OMAR
Address: 441 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES, FL 33160

Title: D ( ) Delete
Name: BENNETT, JOAN
Address: 739 11 STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: MILLEFANTI FERIOLI, FRANCISCO
Address: 441 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCELO FAURE P 04/19/2005

Electronic Signature of Signing Officer or Director Date