



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000044424		
1. Entity Name BEACH TITLE & CLOSINGS, INC.		
Principal Place of Business 1820 NE 163RD STREET STE #300 NORTH MIAMI BEACH, FL 33162		Mailing Address 1820 NE 163RD STREET STE #300 NORTH MIAMI BEACH, FL 33162
DO NOT WRITE IN THIS SPACE		
		 03262007 No Chg-P CR2E034 (11/05)
4. FEI Number 20-0009381		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
STEIN, ERIC P ESQ 1820 NE 163RD STREET STE #100 NORTH MIAMI BEACH, FL 33162		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		1000000680905 04/04/07-80021-010 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STEIN, ERIC P 1820 NE 163RD STREET STE #100 NORTH MIAMI BEACH, FL 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MADOW, BONNIE 1820 NE 163 STREET STE 300 N MIAMI BEACH, FL 33162	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Bonnie Madon</u>		<u>3/26/07</u> <u>3059407331</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>