2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P03000051255 1. Entity Name 04-24-2006 90404 009 ***158.75 BEACH AQUAS CIRCUS, INC. Principal Place of Business Mailing Address 750 NE 62 ST. 750 NE 62 ST. #207 #207 MIAMI, FL 33138 MIAMI, FL 33138 2. Principal Place of Business 3. Mailing Address 7601 EAST TREASURY DRIVE 7601 EAST TREASURY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 CR2E034 (11/05) # 1605 1605 City & State City & State 4. FEI Number Applied For NORTH BAY VILLAGE, FL NORTH BAY VILLAGE 55-0830096 Not Applicable Zlp Country Country \$8.75 Additional 5. Certificate of Status Desired MIAMI-DADE 33141 MIAMI-DADE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECERRA, PEDRO F. BECERRA, PEDRO F Street Address (P.O. Box Number is Not Acceptable) 750 NE 62 ST. #207 MIAMI, FL 33138 7601 EAST TREASURY DRIVE # 1605 City NORTH BAY VILLAGE 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. PEDRO BECERRA 04/20/2006 (786) 286-7146 SIGNATURE (NOTE: Registered Agent proneture required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P TITLE Delete . . TITLE Change ■ Addition BECERRA, PEDRO F NAME NAME BECERRA, PEDRO F. 7601 EAST TREASURY DRIVE # 1605 750 NE 62 ST., #207 STREET ADDRESS STREET ADORESS CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141 IIILE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DUE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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: X

PEDRO BECERRA RINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2006

(786) 286-7146

Date

Daytyme Phone #

FILED