

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90287 031 \*\*\*150.00

<b>DOCUMENT # P03000063269</b> 1. Entity Name <b>SOUTH BEACH KEYS CORPORATION</b>					
Principal Place of Business <b>903 E NEW HAVEN AVE STE 5 MELBOURNE, FL 32901</b>			Mailing Address <b>P O BOX 487 MELBOURNE, FL 32902</b>		
2. Principal Place of Business <b>450 Kingston Road</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>450 Kingston Road</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Satellite Beach, FL</b>		City & State <b>Satellite Beach, FL</b>		4. FEI Number <b>20-0454841</b>	
Zip <b>32937</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SEILER, STEPHEN 5770 LIVE OAK AVE MELBOURNE VILLAGE, FL 32904</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Stephen Seiler</i></u> DATE <u>5-3-05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESTOK, FRANK P O BOX 487 MELBOURNE, FL 32902	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BERTEL, FREDERICK P O BOX 487 MELBOURNE, FL 32902	<input checked="" 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				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Frank Estok President</i></u> <b>5/5/05</b> <b>759-1798</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					