

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90475 029 \*\*\*150.00

<b>DOCUMENT # P03000068171</b> 1. Entity Name <b>BEACH CONNECTION OF DAYTONA BEACH, INC.</b>					
Principal Place of Business <b>800 S ATLANTIC AVE DAYTONA BEACH, FL 32118</b>			Mailing Address <b>800 S ATLANTIC AVE DAYTONA BEACH, FL 32118</b>		
2. Principal Place of Business <b>420 N. Oleander Ave.</b>		3. Mailing Address <b>P.O. Box 265353</b>			
Suite, Apt. #, etc. <b># 8</b>		Suite, Apt. #, etc.			
City & State <b>Daytona Beach, FL</b>		City & State <b>Daytona Beach, FL</b>			
Zip <b>32118</b>		Country <b>U.S.</b>		Zip <b>32126</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>			
4. FEI Number <b>57-1173539</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>KOHEN, MARDECHAY 800 S ATLANTIC AVE DAYTONA BEACH, FL 32118</b>			7. Name and Address of New Registered Agent Name <b>Kohen, Mordechay</b> Street Address (P.O. Box Number is Not Acceptable) <b>420 N. Oleander Ave Apt #8</b> City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32118</b>		
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>Mordechay Kohen</u> (NOTE: Registered Agent signature required when re-registering) DATE <u>4/27/05</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KOHEN, MORDECHAY 800 S ATLANTIC AVE DAYTONA BEACH, FL 32118</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Kohen, mordechay 420 N. Oleander Ave. Daytona Beach FL 32118</b> <input checked="" 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: <u>Mordechay Kohen</u> DATE <u>4/27/05</u> (386) 5669846 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					