


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90044 039 ***150.00

DOCUMENT # P03000087473

1. Entity Name
SOUTH BEACH RESORT MANAGEMENT, INC.



Principal Place of Business Mailing Address

~~1458 OCEAN DR~~ ~~1458 OCEAN DR~~
 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139

44012706



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

1501 COLLINS AVE STE 206 **1501 COLLINS AVE.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

206 **206**

City & State City & State

MIAMI BEACH, FL **MIAMI BEACH, FL**

Zip Country Zip Country

33139 **USA** **33139** **U.S.A.**

4. FEI Number Applied For

20-0136785 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOLKO, RONALD S
~~1458 OCEAN DR~~
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1501 COLLINS AVE - STE 206

City State Zip Code

MIAMI BEACH **FL** **33139**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MOLKO, RONALD S	
STREET ADDRESS	1458 OCEAN DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GRABARNICK, GENE	
STREET ADDRESS	1458 OCEAN DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1501 COLLINS AVE. STE 206	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1501 COLLINS AVE. STE 206	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ronald S. Molko* Date: 2/13/04 Daytime Phone #: 305-672-4554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR