
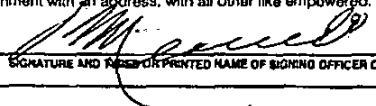


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

04-29-2005 90270 027 ****50.00
07-19-2005 90040 006 ***100.00

DOCUMENT # P04000019499 1. Entity Name BEACH HOTEL MANAGEMENT, INC.					
Principal Place of Business C/O HOMERO MERUELO 5101 COLLINS AVENUE MIAMI BEACH, FL 33140			Mailing Address C/O HOMERO MERUELO 5101 COLLINS AVENUE MIAMI BEACH, FL 33140		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0695635	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZARETSKY, LOUIS D ESQ 555 NE 15TH STREET #100 MIAMI, FL 33132				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MERUELO, HOMERO 5101 COLLINS AVENUE MIAMI BEACH, FL 33140		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	
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	
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	
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	
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: 			4/25/05 3057795326		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50056170



01212005 Chg-P CR2E034 (10/03)



ATTACHMENT
50056170

July 12, 2005

Division of Corporations
Secretary of State
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE: Beach Hotel Management-PO4000019499

To Whom It May Concern:

Please see attached all the information related to the Annual Report for the above corporation.

The check # 5741 for the amount of \$50.00 was sent on April 25th. Since the total amount due was \$150.00, we are sending the check number 6795 for \$100.00. I am also attaching a copy of the form we sent on April, so you can match your records properly.

I apologize for any inconvenience this issue has caused. If you have any questions, please call me back at your own convenience.

Sincerely,

Erika Morciego
Accounts Payable
Deauville Beach Resort
Phone: 305 779 5304
Fax: 305 861 0991
emorciego@deauvillebeachresort.com

ATTACHMENT

50056170
~~#P~~ 04000019499

559	01/21/05	Florida Department of State	Division of Corporations	5741
		PO Box 6327	Tallahassee	5741
			FL 32314	
INVOICE NUMBER	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	PAYMENT AMOUNT
PO4000019499	01/21/05	Ann. Report. Beach H	50.00	50.00
			DISCOUNTS	0.00



Check Totals ----->	50.00	0.00	50.00
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DEAUVILLE HOTEL MANAGEMENT LLC
 6701 COLLINS AVENUE • MIAMI BEACH, FL 33141 • (305) 865-8511

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