


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90149 050 ***150.00

DOCUMENT # P04000071755			
1. Entity Name BEACH EDUCATION SPECIALISTS, INC.			
Principal Place of Business 925 ARTHUR GODFREY ROAD SUITE 102 MIAMI, FL 33126		Mailing Address 925 ARTHUR GODFREY ROAD SUITE 102 MIAMI, FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <u>Suite 100</u>		Suite, Apt. #, etc. <u>Suite 100</u>	
City & State		City & State	
Zip <u>33140</u>	Country	Zip <u>33140</u>	Country
4. FEI Number <u>201189913</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FALLON, KIERAN P 438 SW 8TH STREET MIAMI, FL 33130		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 _____ <small>Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when withdrawing)</small> 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	PSTD LUBIN, DARA 925 ARTHUR GODFREY ROAD, SUITE 102 MIAMI, FL 33126 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>[Signature]</u>		Date <u>3/3/05</u> Daytime Phone # <u>(305) 887-9787</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

