

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000109874

Entity Name: SOUTH BEACH LIVING, INC.

FILED
Aug 11, 2005
Secretary of State

Current Principal Place of Business:

1741 ALTON ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

1024 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

Current Mailing Address:

1741 ALTON ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

1024 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

FEI Number: 84-1675878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIGURSSON, BRAGI
212 WASHINGTON AVE.
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

SARGENT, ELIZABETH
1024 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ELIZABETH SARGENT

08/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIGURSSON, BRAGI
Address: 212 WASHINGTON AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: P () Delete
Name: SARGENT, ELIZABETH
Address: 1024 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SARGENT, ELIZABETH
Address: 1024 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH SARGENT

P

08/11/2005

Electronic Signature of Signing Officer or Director

Date