

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000020840**

**1. Entity Name**  
**SOUTH BEACH MANAGEMENT, INC.**



**Principal Place of Business**  
**3960 NW 99TH AVE**  
**CORAL SPRINGS, FL 33065 US**

**Mailing Address**  
**3960 NW 99TH AVE**  
**CORAL SPRINGS, FL 33065 US**



04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**NOT APPLICABLE**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**PORTER, RONALD D**  
**3960 NW 99TH AVE**  
**CORAL SPRINGS, FL 33065**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>PORTER, RONALD D</b>
<b>STREET ADDRESS</b>	<b>3960 NW 99TH AVE</b>
<b>CITY - ST - ZIP</b>	<b>CORAL SPRINGS, FL 33065</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>PORTER, DORIS</b>
<b>STREET ADDRESS</b>	<b>3960 NW 99TH AVE</b>
<b>CITY - ST - ZIP</b>	<b>CORAL SPRINGS, FL 33065</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

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04/26/07-80086-025 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 854-3407471  
Date Daytime Phone #