


**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90035 030 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000027439</b>		
1. Entity Name <b>BEACH WEAR EXPRESS, INC.</b>		
Principal Place of Business <b>1201 N BROADWALK HOLLYWOOD, FL 33019</b>		Mailing Address <b>201 JOHNSON STREET HOLLYWOOD, FL 33019</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DAHAN, ASHER 201 JOHNSON STREET HOLLYWOOD, FL 33019</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	P	
NAME	<b>DAHAN, ASHER</b>	
STREET ADDRESS	<b>201 JOHNSON STREET</b>	
CITY- ST- ZIP	<b>HOLLYWOOD, FL 33019</b>	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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.		
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> _____ <small>Daytime Phone #</small> _____