

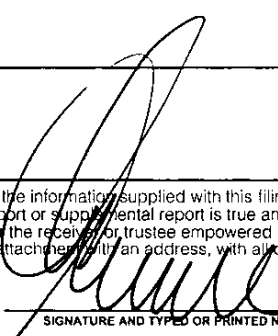


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000088183 1. Entity Name ROCKAWAY BEACH CORPORATION						<div style="font-size: 2em; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">07 JUL -6 PM 12:37</div> <div style="font-size: 0.8em;">CLERK OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 550 BILTMORE WAY STE 970 CORAL GABLES, FL 33134				Mailing Address 550 BILTMORE WAY STE 970 CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
M&W AGENTS, INC 2101 CORPORATE BLVD. #107 BOCA RATON, FL 33431				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Amended AR is \$61.25				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	P PEEBLES, R. DONAHUE 550 BILTMORE WAY STE 970 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Peebles, R Donahue 550 Biltmore way, Suite 970 coral gables, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, STUART K 550 BILTMORE WAY STE 920 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500105302725 07/03/07--01019--018 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP GRIMM, DANIEL H 550 BILTMORE WAY, STE 970 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GASKELL, JUDITH 550 BILTMORE WAY, STE 970 MIAMI, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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.							
SIGNATURE:  STUART K. HOFFMAN 06/27/07 305 442 4382 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

x 3/10