2006 FOR PROFIT CORPORATION

DOCUMENT # P05000094053

1. Entity Name
BEACH STYLE SPORT, INC.

FILED

2006 SEP 26 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/17/06 90019 011 150-00

09212006 REIN-P CR2E098 (11/05)

Principal Place of Business	Mailing Address
3530 MYSTIC PT DR #2301 AVENTURA, FL 33180	3530 MYSTIC PT DR #2301 AVENTURA, FL 33180

2. Principal Place of Business	3. Mailing Address
19101 MYSTIC POINTE DR	
Suite, Apt. #, etc.: # 2605	Suite, Apt. #, etc.
City & State: VENTURA, FL	City & State
Zip: 33180 Country: USA	Zip Country

4. FEI Number: 20-3044317 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YARDENI, DAVID 3530 MYSTIC PT DR #2301 AVENTURA, FL 33180	Name: YARDENI, DAVID Street Address (P.O. Box Number is Not Acceptable): 19101 MYSTIC POINTE DR # 2605 City: VENTURA FL Zip Code: 33180

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] Registered Agent 4/28/06
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 January 1, 2007, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP YARDENI, DAVID 3530 MYSTIC PT DR #2301 AVENTURA, FL 33180	☐ Delete	DP YARDENI, DAVID 19101 MYSTIC POINTE DR. # 2605 VENTURA, FL. 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V YARDENI, IRIS 3530 MYSTIC PT DR #2301 AVENTURA, FL 33180	☐ Delete	V YARDENI, IRIS 19101 MYSTIC POINTE DR. # 2605 VENTURA, FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] President 4/28/06 (305) 936-8856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #