


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90393 030 ***150.00

DOCUMENT # P05000118400	
1. Entity Name BEACH MOTOR SPORTS CORP.	

Principal Place of Business 891 SW 171 TERRACE PEMBROKE PINES, FL 33027	Mailing Address 891 SW 171 TERRACE PEMBROKE PINES, FL 33027
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2. Principal Place of Business <i>15255 West Dixie Hwy.</i>	3. Mailing Address <i>15255 West Dixie Hwy.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>North Miami Beach, FL</i>	City & State <i>North Miami Beach, FL</i>
Zip <i>33162</i>	Zip <i>33162</i>
Country <i>USA</i>	Country <i>USA</i>



04272006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent GODOY, ARTURO 891 SW 171 TERRACE PEMBROKE PINES, FL 33027	
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4. FEI Number <i>20-3417345</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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]* *President* DATE: *4/29/06*

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODOY, ARTURO 891 SW 171 TERRACE PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* DATE: *04/29/06* Daytime Phone #: *305-986-9965*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR