

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000013037

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** BEACH E J UNIT 3202, CORP.

**Current Principal Place of Business:**

20801 BISCAYNE BLVD.  
501  
AVENTURA, FL 33180

**New Principal Place of Business:**

C/O 20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180 US

**Current Mailing Address:**

5401 COLLINS AVE.  
1125  
MIAMI BEACH, FL 33140

**New Mailing Address:**

C/O 20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL 33180 US

**FEI Number:** 20-422268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEOPOLD KORN LEOPOLD SNYDER, P.A.  
20801 BISCAYNE BOULEVARD  
SUITE 501  
AVENTURA, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DOMENECH, EDUARDO H  
Address: C/O 20801 BISCAYNE BLVD., SUITE 501  
City-St-Zip: AVENTURA, FL 33180 US

Title: VD  
Name: DOMENECH, ANDREA  
Address: C/O 20801 BISCAYNE BLVD., SUITE 501  
City-St-Zip: AVENTURA, FL 33180 US

Title: TD  
Name: DOMENECH, PAULA  
Address: C/O 20801 BISCAYNE BLVD., SUITE 501  
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDUARDO H DOMENECH

PD

01/12/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date