



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90019 050 ***158.75

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DOCUMENT # P06000062981					
1. Entity Name 400 BEACH STREET, INC.					
Principal Place of Business 321 E. HILLSBORO BLVD. DEERFIELD BCH, FL 33441		Mailing Address 321 E. HILLSBORO BLVD. DEERFIELD BCH, FL 33441			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02012007 Chg-P CR2E034 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 20-4856902	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> XXX				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STOTZER, THEODORE R 321 E. HILLSBORO BLVD. DEERFIELD BCH, FL 33441			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	P/D	
STREET ADDRESS			STREET ADDRESS	Brian Street	
CITY-ST-ZIP			CITY-ST-ZIP	321 East Hillsboro Blvd. Deerfield Beach, FL 33441	
TITLE		<input type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	James H. Cohen	
STREET ADDRESS			STREET ADDRESS	321 East Hillsboro Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE		<input type="checkbox"/> Delete	TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jeff Scott	
STREET ADDRESS			STREET ADDRESS	2200 N.E. 143rd Street, Suite 100	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33181	
TITLE		<input type="checkbox"/> Delete	TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Theodore R. Stotzer	
STREET ADDRESS			STREET ADDRESS	321 East Hillsboro Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: By: 			March 8, 2007		(954) 949-3480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Theodore R. Stotzer, Vice President			Date		Daytime Phone #