


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90332 024 ***150.00

DOCUMENT # P93000023070	
1. Entity Name STUDIO BEACH CAFE AT JENSEN, INC.	

Principal Place of Business 1540 SE 8TH ST DEERFIELD BEACH, FL 33441	Mailing Address 1540 SE 8TH STREET DEERFIELD BEACH, FL 33441
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2. Principal Place of Business 2500 NE 33 STREET Suite, Apt. #, etc.	3. Mailing Address 2500 NE 33 STREET Suite, Apt. #, etc.
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City & State LIGHTHOUSE POINT, FL Zip 33064 Country BROWARD	City & State LIGHTHOUSE POINT Zip 33064 Country BROWARD
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04162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PERRY, GERARD 1540 SE 8TH ST DEERFIELD BEACH, FL 33441	
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7. Name and Address of New Registered Agent Name GERARD PERRY Street Address (P.O. Box Number is Not Acceptable) 2500 NE 33 STREET City LIGHTHOUSE POINT FL Zip Code 33064	
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 Gerard Perry, PRES. DATE 4-16-04 <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, 2004 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	P PERRY, GERARD 3500 SW 14TH ST DEERFIELD BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GERARD PERRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2500 NE 33 STREET LIGHTHOUSE POINT, FL 33064
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
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
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
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
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 exemption stated in Section 119.07(3)(i), 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: Gerard Perry, PRES. GERARD PERRY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4-16-04 Daytime Phone # 954-560-7479