


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90017 022 \*\*\*150.00

<b>DOCUMENT # P93000037105</b> 1. Entity Name <b>THE SOUTH BEACH DESIGN GROUP, INC.</b>	
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Principal Place of Business 701 LINCOLN RD STE 105 MIAMI BEACH, FL 33139 US	Mailing Address 250 AUSTRALIAN AVENUE SOUTH 1550 CLEARLAKE CENTRE WEST PALM BEACH, FL 33401 US
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**54038822**



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0420719</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHNEIDER, ESQ., JOHN C  
 1550 CLEARLAKE CENTRE  
 250 AUSTRALIAN AVENUE SOUTH  
 W. PALM BCH., FL 33401

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RAESSLER, R. C 701 LINCOLN ROAD, SUITE 105 MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RAESSLER, ROBERT V 701 LINCOLN ROAD, SUITE 105 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUZMAN, ANDRES O 701 LINCOLN ROAD, STE 105 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** ROBERT V. RAESSLER  4/14/04 305-672-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #