

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000026502

Entity Name: SOUTH BEACH SUNCARE INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1602 ALTON ROAD  
SUITE #63  
MIAMI BEACH, FL 33139

## **New Principal Place of Business:**

1602 ALTON ROAD  
SUITE #63  
MIAMI BEACH, FL 33139 US

## **Current Mailing Address:**

1602 ALTON ROAD  
SUITE #63  
MIAMI BEACH, FL 33139

## **New Mailing Address:**

1602 ALTON ROAD  
SUITE #63  
MIAMI BEACH, FL 33139 US

FEI Number: 65-0481815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPOLO, LUCIEN  
1602 ALTON RD  
SUITE #63  
MIAMI BEACH, FL 33139 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

## **OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CAMPOLO, LUCIEN C  
Address: 1602 ALTON RD, #63  
City-St-Zip: MIAMI BEACH, FL 33139 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: LUCIEN CAMPOLO

CEO

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date