

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90020 021 ***158.75

DOCUMENT # P94000057858

1. Entity Name
SOUTH BEACH SOLUTIONS INC.



Principal Place of Business
**320 NEWFOUND HARBOR DR
MERRITT ISLAND, FL 32952 US**

Mailing Address
**C/O JA LAROSSA CPA PC
505 EIGHTH AVE., 12A
NEW YORK, NY 10018 US**

40031180



2. Principal Place of Business - No P.O. Box #

171 Belverde Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

01242007 Chg-P CR2E034 (12/06)

City & State

Gilsum, NH

City & State

Zip

Country

03448

Country

U.S.

4. FEI Number
65-0511638

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLOYD, PATRICK
320 NEWFOUND HARBOR DR
MERRIT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name **FLOYD, PATRICK**

Street Address (P.O. Box Number is Not Acceptable)

6612 FLOYD LANE

City **MERRITT ISLAND FL**

Zip Code **32952**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **EDWARDS, ELIZABETH**
STREET ADDRESS **%JA LAROSSA CPA PC 505 8TH AVE**
CITY-ST-ZIP **NEW YORK, NY 10018**

TITLE **VP** ☐ Delete
NAME **EDWARDS, KEITH**
STREET ADDRESS **%JA LAROSSA CPA PC 505 8TH AVE**
CITY-ST-ZIP **NEW YORK, NY 10018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Elizabeth F. Edwards** **Elizabeth F. Edwards** **2/26/07** **212-594-9195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #