

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90005 005 \*\*\*158.75

DOCUMENT # P94000057858

1. Entity Name  
SOUTH BEACH SOLUTIONS INC.



Principal Place of Business  
171 BELVERDE ROAD  
GILSUM, NH 03448 US

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

40051011



02052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0511638	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

FLOYD, PATRICK  
6612 FLOYD LANE  
MERRITT ISLAND, FL 32953

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	P EDWARDS, ELIZABETH %JA LAROSSA CPA PC 505 8TH AVE NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARDS, KEITH %JA LAROSSA CPA PC 505 8TH AVE NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Elizabeth Edwards 171 Belvedere Rd Gilsum, NH 03448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEITH EDWARDS 171 Belvedere Rd Gilsum, NH 03448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 Edwards 2.16.08 603-357-4128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #