


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90045 001 \*\*\*150.00

DOCUMENT # P95000000172	
1. Entity Name SOUTH BEACH CAPITAL MARKETS ADVISORY CORPORATION	

Principal Place of Business 701 BRICKELL KWy BLVD 412 MIAMI, FL 33131 US	Mailing Address 701 BRICKELL KWy BLVD 412 MIAMI, FL 33131 US
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60028600



03202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 701 Brickell Key Blvd Suite, Apt. #, etc. 2306 City & State Miami FL Zip 33131-2682 Country Miami, Dade	3. Mailing Address 701 Brickell Key Blvd Suite, Apt. #, etc. 2306 City & State Miami FL Zip 33131-2682 Country Miami, Dade
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4. FEI Number 65-0546640	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, ETHAN 200 S BISCAYNE NE BLVD 5300 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 retreating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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 FOERSTER, BRUCE S 701 BRICKELL KWy BLVD SUITE 412 MIAMI, FL 33131 <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
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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: Bruce S. Foerster 20 MARCH 2007 305 358 3232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #