
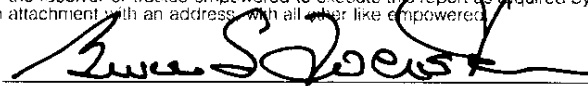


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90006 024 ***550.00

DOCUMENT # P95000000172 1. Entity Name SOUTH BEACH CAPITAL MARKETS ADVISORY CORPORATION			
Principal Place of Business 701 BRICKELL KWY BLVD 2306 MIAMI FL 33131 US		Mailing Address 701 BRICKELL KWY BLVD 2306 MIAMI FL 33131 US	
2. Principal Place of Business - No P.O. Box # <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">KEY</div>		3. Mailing Address <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">KEY</div>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State 	
Zip <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">33131-2682</div>		Country 	
4. FEI Number 65-0546640		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME FOERSTER, BRUCE S	TITLE 	NAME
STREET ADDRESS 701 BRICKELL KWY BLVD SUITE DE	CITY-ST-ZIP MIAMI FL 33131	STREET ADDRESS <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">KEY</div>	CITY-ST-ZIP <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">2306</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">33131-2682</div>
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 		CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		15 MAY 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRUCE S. FOERSTER PRESIDENT		305 358 3232	