2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000025084

1. Entity Name BEACHWAY NEWSSTAND, INC.



FILED Jun 08, 2006 08:00 AN Secretary of State

Principal Place of Business

818 N. FEDERAL HIGHWAY POMPANO BEACH, FL 33062

PIEGLER, ELIZABETH

818 N. FEDERAL HIGHWAY POMPANO BEACH, FL 33062 Mailing Address

818 N. FEDERAL HIGHWAY POMPANO BEACH, FL 33062



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 05232006
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6.1.06

	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
St. sahall Viale					6.1.06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renstating) DATE					
					<u> </u>
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan			\$5.00 May Be	In accordance with s. 607.193(2)(b), F.S., the	
Due by September 6, 2006		Trust Fund Contribution.		Added to Fees	corporation did not receive the prior notice.
10.	OFFICERS AND DIR	ECTORS			
ΠLE	PSTD				
NAME	PIEGLER, ELIZABETH				
STREET ADDRESS !	818 N. FEDERAL HIGHWAY				
	POMPANO BEACH, FL 33062 VD				U00000566942
TITLE Name	PIEGLER, PETER				06/08/06-80003-013 150.00
STREET ADDRESS	818 N. FEDERAL HIGHWAY			•	
CITY-ST-ZIP	POMPANO BEACH, FL 33062				
MLE					
NAME					
STREET ADDRESS				DΩ	NOT WRITE
CITY-ST-ZIP				DO	NOT WINTE
TITLE				IN '	THIS SPACE
NAME OTDEET ADDRESS				•••	
STREET ADDRESS CITY-ST-ZIP	. •				
TITLE					
NAME					
STREET ADDRESS	* *				
CITY-ST-ZIP .				- .	
TITLE 💸	500 to 0 1800 0 0 200 C				and the sequence of process of the sequence
NAME 54	1. 1014 年 1. 15F 12 8 1. 15F 197	i a resistant		6. · "	$(-1)^{n} = (-1)^{n} + (-1)^{n} = (-1)^{n} $
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •				
CITY-S1-ZIP	<u> </u>		<u> </u>		-
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.					