2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000073038

Entity Name: LAS VEGAS BEACH, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1208 NORTH STATE ROAD 7 6970 COLLINS AVENUE HOLLYWOOD, FL 33021 MIAMI BEACH, FL 33141

Current Mailing Address: New Mailing Address:

6015 GARFIELD STREET HOLLYWOOD, FL 33021

FEI Number: 65-0607901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GONZALEZ, IRVING J
1319 N STATE RD 7
HOLLYWOOD, FL 33021 US
GONZALEZ, IRVING J
6015 GARFIELD STREET
HOLLYWOOD, FL 33024 US

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.

SIGNATURE: IRVING GONZALEZ 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition Name: VILARINO, ANTONIO Name: VILARINO, ANTONIO

Address: 6970 COLLINS AVENUE Address: 6015 GARFIELD STREET City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete Title: VP (X) Change () Addition Name: VILARIND, NILDA A Name: VILARIND, NILDA A

Name:VILARIND, NILDA AName:VILARIND, NILDA AAddress:6970 COLLINS AVENUEAddress:6015 GARFIELD STREETCity-St-Zip:MIAMI BEACH, FL 33141City-St-Zip:HOLLYWOOD, FL 33024

Title: S () Delete Title: S (X) Change () Addition

 Name:
 VILARIND, CARMEN
 Name:
 VILARIND, CARMEN

 Address:
 5890 SW 76 AVENUE
 Address:
 6015 GARFIELD STREET

 City-St-Zip:
 DAVIE, FL 33328
 City-St-Zip:
 HOLLYWOOD, FL 33024

Title: T () Delete Title: T (X) Change () Addition

 Name:
 VILARIND, VILMA
 Name:
 VILARIND, VILMA

 Address:
 5870 SW 76 AVENUE
 Address:
 6015 GARFIELD STREET

 City-St-Zip:
 DAVIE, FL 33328
 City-St-Zip:
 HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO VILARINO P 04/29/2005