2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2005 08:00 AM DOCUMENT # P95000084902 **Secretary of State** 1. Entity Name BENESOUTHBEACH, INC. Principal Place of Business Mailing Address 668 COLLINS AVENUE 3236 PROSPECT STREET NW WASHINGTON DC 20007 MIAMI FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0628179 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE TALLAHASSEE FL 32301 City Zip Code 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 Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature regioned when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete MILE ☐ Change KARABASSIS, IRAKLIS NAME NAME 3236 PROSPECT ST., N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20007 CITY-ST-7IP TITLE ☐ Delete HILE Change Addition NAME KARABASSIS, CHRISTOS NAME 3236 PROSPECT ST., N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20007 CITY-SI- EIP TITLE Delete ☐ Change ☐ Addition NAME KARABASSIS, YASMINE NAME STREET ADDRESS 3236 PROSPECT_ST., N.W. STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20007 OTY-St-702 TITLE Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP Delete TUTER ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILE Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 expowered 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.

Iraklis Karabassis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Dota

202 338 0725

Daytme Phone #

FILED