


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000071919

1. Entity Name
CABLE BEACH PROPERTIES, INC.



Principal Place of Business Mailing Address

CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

LOEB, BLOCK & PARTNERSHIP LLP
505 PARK AVE., STE. 900
NEW YORK, NY 10022



03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0693722 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | DS |
| NAME | BERKE, HOWARD |
| STREET ADDRESS | 505 PARK AVE 9TH FL |
| CITY-ST-ZIP | NEW YORK, NY 10022 |
| TITLE | DVPT |
| NAME | SELZER, HERBERT |
| STREET ADDRESS | 505 PARK AVENUE 9TH FL |
| CITY-ST-ZIP | NEW YORK, NY 10022 |
| TITLE | DP |
| NAME | WACKSMAN, JEFFREY |
| STREET ADDRESS | 505 PARK AVE. 9TH FL |
| CITY-ST-ZIP | NEW YORK, NY 10022 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 05/16/06-80023-022 150.00

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:  **Jeffrey Wacksman, 4/19/06 212-755-5510**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Director