

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # P97000040262

1. Entity Name
HIDDEN BEACH, INC.



Principal Place of Business
**1502 VERNON STREET
KEY WEST, FL 33040**

Mailing Address
**C/O MATTHEWS & CO
270 MADISON AVE, 16TH FLOOR
NEW YORK, NY 10016**



03102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0796838

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEAR, ELIZABETH
2903 HARRIS AVENUE
KEY WEST, FL 33040**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000670109
03/27/07-80099-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, J. SEWARD 400 SOUTH STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTHEWS, ROBERT 270 MADISON AVENUE, 16TH FLOOR NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, JOYCE H 400 SOUTH STREET KEY WEST, FL 33040
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

R Matthews **R MATTHEWS**

Date

3/14/07

Daytime Phone #

212 2935100