

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077463

FILED  
Jan 19, 2005  
Secretary of State

Entity Name: ELITE BEACH RESIDENCES, INC.

**Current Principal Place of Business:**

633 SOUTH FEDERALEAL HIGHWAY  
8TH FLOOR  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 02-9010  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-0788579      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MATTEL, HARVEY  
633 SOUTH FEDERALEAL HIGHWAY  
8TH FLOOR  
FT. LAUDERDALE, FL 33301 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MALKENSON, STEVEN  
Address: 17 WEST 67TH STREET, STE. 9F  
City-St-Zip: NEW YORK, NY 10023

Title: VP ( ) Delete  
Name: BARNES, SEFTON  
Address: 829 S.W COCONUT DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VP ( ) Delete  
Name: BARNES, PHYLLIS L  
Address: 829 S.W COCONUT DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VSTD ( ) Delete  
Name: MATTEL, HARVEY  
Address: 633 SOUTH FEDERALEAL HWY., 8TH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVEN MALKENSON

PD

01/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date