

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90042 038 \*\*\*150.00

**DOCUMENT # P98000021205**

1. Entity Name  
**MISTY BEACH, INC.**



Principal Place of Business  
**420 LINCOLN ROAD  
305  
MIAMI BEACH, FL 33139**

Mailing Address  
**420 LINCOLN ROAD  
305  
MIAMI BEACH, FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022005

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-0818833**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**PAREDES, MIGUEL  
420 LINCOLN ROAD  
305  
MIAMI BEACH, FL 33139**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME PAREDES, MIGUEL  
STREET ADDRESS 1 LUDLAM RD.  
CITY-ST-ZIP MIAMI SPRINGS, FL 33166

TITLE VD ☐ Delete  
NAME ROSARIO PAREDES, JOYCE  
STREET ADDRESS 420 LINCOLN ROAD, #305  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME MIGUEL PAREDES  
STREET ADDRESS 12101 Pine Needle Lane  
CITY-ST-ZIP Pinecrest FL 33156

TITLE VD ☒ Change ☐ Addition  
NAME ROSARIO PAREDES, JOYCE  
STREET ADDRESS 12101 Pine Needle Lane  
CITY-ST-ZIP Pinecrest FL 33156

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/05 305-5323036