


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90061 046 ***150.00

DOCUMENT # P98000024392	
1. Entity Name BEACH VIEW MANAGEMENT & INVESTMENT, INC.	

Principal Place of Business 8418 CORAL WAY MIAMI, FL 33155	Mailing Address P.O. BOX 836091 MIAMI, FL 33186
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2. Principal Place of Business 14021 S.W. 143 CT	3. Mailing Address 14021 S.W. 143 CT
Suite, Apt. #, etc. #6	Suite, Apt. #, etc. #6
City & State MIAMI - FLORIDA	City & State MIAMI - FLORIDA
Zip 33186	Country
Zip 33186	Country

40028979



02062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0828341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOPEZ, JOSE 8418 CORAL WAY MIAMI, FL 33155	7. Name and Address of New Registered Agent Name LOPEZ JOSE Street Address (P.O. Box Number is Not Acceptable) 14021 S.W. 143 CT #6 City MIAMI - FLORIDA FL Zip Code 33186
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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  (NOTE: Registered Agent signature required when reinstating) DATE **3/8/06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOPEZ, JOSE		NAME LOPEZ JOSE	
STREET ADDRESS 11991 SW 94 ST		STREET ADDRESS 14021 S.W. 143 CT #6	
CITY-ST-ZIP MIAMI, FL 33186		CITY-ST-ZIP MIAMI - FLORIDA 33186	
TITLE VPS	<input type="checkbox"/> Delete	TITLE VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOPEZ, BARBARA		NAME LOPEZ, BARBARA	
STREET ADDRESS 11991 SW 94 ST		STREET ADDRESS 14021 S.W. 143 CT #6	
CITY-ST-ZIP MIAMI, FL 33186		CITY-ST-ZIP MIAMI - FLORIDA 33186	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, and all other like empowered.

SIGNATURE:  DATE **3-8-06** DAYTIME PHONE # **(305) 486-6071**