## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P98000024392  1. Entity Name BEACH VIEW MANAGEMENT & INVESTMENT, INC.			03-13-2006 90061 046 ***150.00				
Principal Plac	ce of Business	Mailing Address		0000	74		
8418 CORAL		P.O. BOX 836091	•	400289	10		
MIAMI, FL 3	3155	MIAMI, FL 33186		·			
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2. Principal Place of Business 14021 J.W. 143 CT		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc. #6		02062006 Chg-P	CR2E034 (11/05)	)	
City & State MIAMI - CLORIDA		City & State		4. FEI Number	[A	pplied For	
7:	MIRMI -LOKIUA	MIAMI - FLOA		65-0828341		lot Applicable	
Zip 33	186 Country	Zip 33186	Country	5. Certificate of Status Des	sired Services \$8.75 Ad		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LODEZ JOSE			Name Lo	Name LOPEZ JOJE			
LOPEZ, JOSE 8418 CORAL WAY				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33155			11,023	( 142 OT	11. 7		
			14021		#6		
				tmi- GORICA		de 33186	
8. The above	named entity submits this statement to	or the purpose of changing its reg	istered office or regist	ered agent, or both, in the State	_	, and accept	
	KAR SELV	100			3/8/06		
SIGNATURE.	Signature, typed or printed name of registered ageo	and title if applicable (NOTE: Re	gistered Agent signature requir	ert when reinstation)	10/0/		
		/ / · · / / · · · · · · · · · · · · · ·		de action in the state of the	) ON NE		
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FIL After M	E NOW!!! SEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaign   Trust Fund Contribu		5.00 May Be ided to Fees	O OFFICERS AND DIRECTOR	RS IN 11	
10.	OFFICERS AND	9. Election Campaign   Trust Fund Contribu	Financing \$!	5.00 May Be Ided to Fees ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR	RS IN 11 □ Addition	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND P LOPEZ, JOSE 11991 SW 94 ST MIAMI, FL 33186 VPS LOPEZ, BARBARA	9. Election Campaign   Trust Fund Contribu	Financing \$3  tion. Ad  11.  TITLE POPER  NAME STREET ADDRESS  CITY-ST-ZIP MAL  TITLE V 6.5	ADDITIONS/CHANGEST  PEL JOJE  LI J.W. 143 CT #4  AMI- HOLION 3316	Change	Addition	
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12. I hereby certify that the information supplied with this filling 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 accorded 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 attacoment with an address that all other like empowered.

SIGNATURE:

OFFICER OR DIRECTOR

(406) 406-6071