2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000011929

Entity Name: BEACHFRONT ENTERPRISES, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

20801 BISCAYNE BOULEVARD 18901 NE 29TH AVE SUITE 505

SUITE 100 AVENTURA, FL 33180 AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

18901 NE 29TH AVE., 20801 BISCAYNE BOULEVARD SUITE 505 SUITE 100

AVENTURA, FL 33180 AVENTURA, FL 33180

FEI Number: 65-0893709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PERLOW, JEFFREY M DADE COUNTY CORPORATE AGENTS 18901 NE 29TH AVE., 20801 BISCAYNE BOULEVARD # 505

MIAMI, FL 33180 US SUITE 100 AVENTURA, FL 33180 US

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: JEFFREY M. PERLOW 04/28/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

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

Title: () Delete Title: (X) Change () Addition

BESTOSO, EDMOND J BESTOSO, EDMOND J Name: Name: 18901 NE 29TH AVE., SUITE 100 20801 BISCAYNE BOULEVARD # 505 Address: Address:

AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180 City-St-Zip:

VPDS Title: **VPDS** Title: () Delete (X) Change () Addition

REGAN, KELLY Name: REGAN, KELLY Name:

20801 BISCAYNE BOULEVARD # 505 18901 NE 29TH AVE SUITE #100 Address: Address: AVENTURA, FL 33180 AVENTURA, FL 33180 City-St-Zip: City-St-Zip:

Title: Title: TD TD

() Delete (X) Change () Addition PISANO, THOMAS PISANO, THOMAS Name: Name:

20801 BISCAYNE BOULEVARD, # 505 18901 NE 29TH AVENUE SUITE 100 Address: Address:

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180

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: EDMOND J BESTOSO PD 04/28/2004