
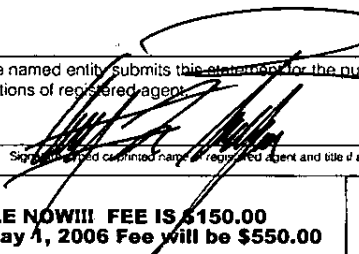
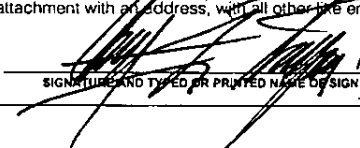


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90082 022 \*\*\*158.75

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # P99000073905</b><br>1. Entity Name<br><b>BEACH AUTO TAG AGENCY, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>800 SEVENTY FIRST ST<br/>MIAMI BEACH, FL 33141</b>  |   |  | Mailing Address<br><b>800 SEVENTY FIRST ST<br/>MIAMI BEACH, FL 33141</b> |  |  |
| 2. Principal Place of Business<br><b>800 SEVENTY FIRST STREET</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>800 SEVENTY FIRST STREET</b><br>Suite, Apt. #, etc.               |  |  |  |
| City & State<br><b>MIAMI BEACH, FLORIDA</b>   |   | City & State<br><b>MIAMI BEACH, FLORIDA</b>  |  | 4. FEI Number<br><b>65-0942086</b>   |  |
| Zip<br><b>33141</b>   |   | Country<br><b>US</b>   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TRULLENQUE, ANTHONY L<br/>7098 BONITA DR<br/>MIAMI BEACH, FL 33141</b>  |   |  |  | 7. Name and Address of New Registered Agent<br>Name<br><b>TRULLENQUE, ANTHONY L.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7098 BONITA DRIVE</b><br>City<br><b>MIAMI BEACH</b> <div style="float: right;"> <b>FL</b> Zip Code<br/> <b>33141</b> </div> |  |
| 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.<br>SIGNATURE:  <b>ANTHONY L. TRULLENQUE/DIRECTOR</b> <b>1/6/06</b><br><small>Signature of current registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>DPS</b> <input type="checkbox"/> Delete<br><b>TRULLENQUE, ANTHONY L</b><br><b>7098 BONITA DR</b><br><b>MIAMI BEACH, FL 33141</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <b>DPS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>TRULLENQUE, ANTHONY L.</b><br><b>7098 BONITA DRIVE</b><br><b>MIAMI BEACH, FL 33141</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>DVT</b> <input type="checkbox"/> Delete<br><b>WINKLER, THOMAS</b><br><b>7098 BONITA DR</b><br><b>MIAMI BEACH, FL 33141</b>       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <b>DVT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>WINKLER, THOMAS E.</b><br><b>7098 BONITA DRIVE</b><br><b>MIAMI BEACH, FL 33141</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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, with all other fee empowered. |   |  |  |  |  |
| SIGNATURE:  <b>ANTHONY L. TRULLENQUE</b> <b>1/6/06</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  |  |  |  |