


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # S51297 1. Entity Name BEACH INVESTMENT ENTERPRISES CO.	
---	---

Principal Place of Business 1915 S FEDERAL HWY FORT LAUDERDALE FL 33316 US	Mailing Address 1915 S FEDERAL HWY FORT LAUDERDALE FL 33316 US
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0267535	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 FRANK, SCOTT J. ESQUIRE 3099 EAST COMMERCIAL BOULEVARD SUITE 200 FT. LAUDERDALE FL 33308	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	VIENS, BILL	NAME	
STREET ADDRESS	1915 SO FEDERAL HWY	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	VIENS, LUCY	NAME	
STREET ADDRESS	5370 BAHAM TER	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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"/> Add
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 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: *Bill Viens* *BILL VIENS PRES* 01-07-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #