
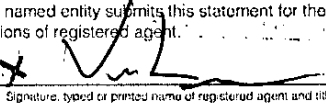
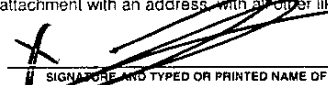


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90026 032 \*\*\*150.00

<b>DOCUMENT # V49172</b> 1. Entity Name <b>BEACH PLAZA CORPORATION</b>			
Principal Place of Business <b>1401 COLLINS AVENUE MIAMI BEACH, FL 33139</b>		Mailing Address <b>C/O EDWARD KORN 450 SEVENTH AVENUE NEW YORK, NY 10123</b>	
2. Principal Place of Business <b>4 EAST 28TH STREET</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>NEW YORK, NY</b>		City & State	
Zip <b>10016</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent  <b>GLAZER, RON 1401 COLLINS AVE. MIAMI BEACH, FL 33139</b>		7. Name and Address of New Registered Agent Name <b>VERED LABOCK</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 LESLIE DRIVE</b> City <b>ITALLANDALE</b> <b>FL</b> Zip Code <b>33009</b>	
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  DATE <b>2/5/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election, Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	P GLAZER, RON 1401 COLLINS AVE MIAMI, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>312 WEST 55TH STREET NEW YORK, NY 10019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALACHMY, DAVID B 11 LYNN DR ENGLEWOOD CLIFFS, NJ 07632	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: 		Date <b>2/5/05</b> Daytime Phone #	