


Jan-07-05 02:10P

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Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90003 009 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 277998	
1. Entity Name OCEAN REEF APTS INC	

Principal Place of Business 1136 COLLINS AVE MIAMI BEACH, FL 33139 US	Mailing Address 1136 COLLINS AVE MIAMI BEACH, FL 33139 US
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50002108



DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CP2E004 (10/03)

4. FEI Number 59-1083007	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

ZAIAC, MANUEL
100 S.E. 2ND ST (2350)
MIAMI, FL 33131

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9. 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 _____
Signature, typed or printed name of registered agent and date of application (N/A if Registered Agent signature required as in instructions)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P BELKOV, RAPHAEL 815 W DILIDO DR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD ZAIAC, MANUEL 100 S.E. 2ND ST (2350) MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ZAIAS, NARDO 100 S.E. 2ND ST (2350) MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BELKOV, SONIA 815 DILIDO DR MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not disclose 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 appointments.

SIGNATURE: Raphael Belkov 1/8/05
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr