2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #277998

1. Entity Name OCEAN REEF APTS INC

FILED Feb 26, 2007 08:00 AN Secretary of State

Principal Place of Business

1136 COLLINS AVE MIAMI BEACH, FL 33139 Mailing Address

1136 COLLINS AVE-OFFICE MIAMI BEACH, FL 33139 US



DO NOT WRITE IN THIS SPACE

02212007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number Not Applicable 59-1083007 \$8.75 Additional

5. Certificate of Status Desired

Fee Required

BANTE FRENE

6. Name and Address of Current Registered Agent

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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BELKOV, RAPHAEL : i- 815 W DILIDO DR MIAMI BEACH, FL 33139 | • | | | U00000648725 03/07/07-80019-025 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ZAIAC, MANUEL 100 S.E. 2ND ST (2350) MIAMI, FL 33131 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZAIAS, NARDO 100 S.E. 2ND ST (2350) MIAMI, FL 33131 | | | DO NOT WRITE IN THIS SPACE | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | D BELKOV, SONIA 815 DILIDO DR MIAMI BEACH, FL | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 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 eath; 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. | | | | | | |