


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 277998

1. Entity Name
OCEAN REEF APTS INC



Principal Place of Business Mailing Address

1136 COLLINS AVE
 MIAMI BEACH FL 33139
 US

1136 COLLINS AVE-OFFICE
 MIAMI BEACH FL 33139
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-1083007 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 *Raphael Belkov* DATE

Signature, Name, Address and State of Registered Agent or Director (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BELKOV, RAPHAEL	
STREET ADDRESS	815 W DILIDO DR	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZAIAC, MANUEL	
STREET ADDRESS	100 S.E. 2ND ST (2350)	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAIAS, NARDO	
STREET ADDRESS	100 S.E. 2ND ST (2350)	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELKOV, SONIA	
STREET ADDRESS	815 DILIDO DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000856859	
CITY-ST-ZIP	03/28/08-80029-004 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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 like empowered.

SIGNATURE: *Raphael Belkov* **RAPHAEL BELKOV** **3/4/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Register Fee #