

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90117 033 ***150.00

DOCUMENT # G07391



1. Entity Name
EAST SIDE CORPORATION

Principal Place of Business
**C/O PATRICK F HEALY
1800 W HIBISCUS BLVD STE 188
MELBOURNE FL 32901
US**

Mailing Address
**C/O PATRICK F HEALY
1800 W HIBISCUS BLVD STE 188
MELBOURNE FL 32901
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
59-2252392

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEALY, PATRICK F ESQ
1800 W HIBISCUS BLVD STE 188
MELBOURNE FL 32901**

Name **Healy, Patrick, esq. / Gray, Harris + Riberson**
Street Address (P.O. Box Number is Not Acceptable)
1800 West Hibiscus Blvd., Suite 138
City **Melbourne** FL Zip Code **32901**

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.

Patrick Healy
(NOTE: Registered Agent signature required when reinstating)

3.20/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	PST	<input type="checkbox"/> Delete
NAME	LECLERCQ ALAIN	
STREET ADDRESS	28 BD DE BELGIQUE	
CITY-ST-ZIP	MONTE CARLO, MONACO	
TITLE	D	<input type="checkbox"/> Delete
NAME	LECLERCQ, ALAIN	
STREET ADDRESS	28 BD DE BELGIQUE	
CITY-ST-ZIP	MONTE CARLO, MONACO	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)