
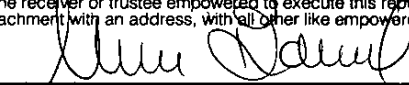


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90077 002 ***150.00

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|--|--|--|---|
| DOCUMENT # K32722 | |  | |
| 1. Entity Name OCEANFRONT PROPERTIES, INC. | | | |
| Principal Place of Business % A. BARROS 5502 PARK AVE. WEST NEW YORK, NY 07093 | | Mailing Address % A. BARROS PO BOX 85277 HALLANDALE, FL 33006-5277 | |
| 2. Principal Place of Business 900 WASHINGTON ST. Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Hollywood, FLORIDA | | City & State | |
| Zip 33019 | Country BROWARD | Zip | Country |
| 4. FEI Number 26-1661332 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BEGGS, WILLIAM F. 3012 E. COMMERCIAL BLVD FT. LAUDERDALE, FL 33308 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 | DP BARROS, ARNALDO 5502 PARK AVENUE WEST NEW YORK, NJ <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 |
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| 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 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 3/9/06 | Daytime Phone # 646-765-9059 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |

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