

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90001 003 ****61.25

DOCUMENT # N33474
 1. Entity Name
OCEANIA CLUB, INC.



Principal Place of Business Mailing Address
16421 COLLINS AVENUE **16421 COLLINS AVENUE**
SUNNY ISLES BEACH, FL 33160 US **SUNNY ISLES BEACH, FL 33160 US**

44040000



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

06302004 Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
65-0135255 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BURR, ROBERT ESQ.
JAY STEVEN LEVINE P.A.
2500 N. MILITARY TRAIL, SUITE 490
BOCA RATON, FL 33431

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	BERLIN, GEORGE <input checked="" type="checkbox"/> Delete	TITLE President	Katharina Schultz, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19501 BISCAYNE BLVD	NAME	16421 Collins Avenue
STREET ADDRESS	AVENTURA, FL 33180	STREET ADDRESS	Miami Beach, FL 33160
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VTD	WEINER, BRUCE <input checked="" type="checkbox"/> Delete	TITLE Vice President	Harold Rosenstein <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19501 BISCAYNE BLVD	NAME	16421 Collins Avenue
STREET ADDRESS	AVENTURA, FL 33180	STREET ADDRESS	Miami Beach, FL 33160
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ST	ROMINE, MARIO <input checked="" type="checkbox"/> Delete	TITLE TREASURER	Joel Katz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19501 BISCAYNE BLVD	NAME	16421 Collins Avenue
STREET ADDRESS	AVENTURA, FL 33180	STREET ADDRESS	Miami Beach, FL 33160
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE SECRETARY	Clive Lewis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	16421 Collins Avenue
STREET ADDRESS		STREET ADDRESS	Miami Beach, FL 33160
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE DIRECTOR	Oscar White <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	16421 Collins Avenue
STREET ADDRESS		STREET ADDRESS	Miami Beach, FL 33160
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 617, 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: **6/30/04** Daytime Phone #: **305-956-5738**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR