
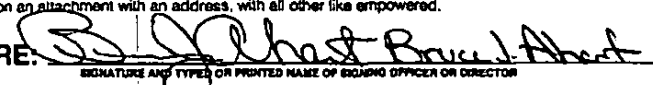


**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90016 029 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N33474</b>			
1. Entity Name <b>OCEANIA CLUB, INC.</b>		Mailing Address <b>16421 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 US</b>	
Principal Place of Business <b>16421 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 US</b>		Mailing Address <b>16421 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02152005 Chg-NP		CR2E037 (10/03)	
4. FEI Number <b>65-0135255</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BURR, ROBERT ESQ. JAY STEVEN LEVINE P.A. 2500 N. MILITARY TRAIL, SUITE 490 BOCA RATON, FL 33431</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
8. The above named entry 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>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	P <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, KATHARINA MD	NAME	Weiss, Michael
STREET ADDRESS	16421 COLLINS AVE	STREET ADDRESS	16421 Collins Ave.
CITY-ST-ZIP	MIAMI BEACH, FL 33160	CITY-ST-ZIP	Miami Beach, FL 33160
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENSTEIN, HAROLD	NAME	Collins, Alan
STREET ADDRESS	16421 COLLINS AVE	STREET ADDRESS	16421 Collins Ave.
CITY-ST-ZIP	MIAMI BEACH, FL 33160	CITY-ST-ZIP	Miami Beach, FL 33160
TITLE	J <input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, JOEL	NAME	Hirsch, Michael
STREET ADDRESS	16421 COLLINS AVE	STREET ADDRESS	16421 Collins Ave.
CITY-ST-ZIP	MIAMI BEACH, FL 33160	CITY-ST-ZIP	Miami Beach, FL 33160
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CLIVE	NAME	Fusco, Alex
STREET ADDRESS	16421 COLLINS AVE	STREET ADDRESS	16421 Collins Ave.
CITY-ST-ZIP	MIAMI BEACH, FL 33160	CITY-ST-ZIP	Miami Beach, FL 33160
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	General Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, OSCAR	NAME	Ahert, Bruce
STREET ADDRESS	16421 COLLINS AVE	STREET ADDRESS	16421 Collins Ave
CITY-ST-ZIP	MIAMI BEACH, FL 33160	CITY-ST-ZIP	Miami Beach, FL 33160
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)(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 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: 02/19/05 305-956-5738	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>		<small>Date Day/Date/Phone #</small>	

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