
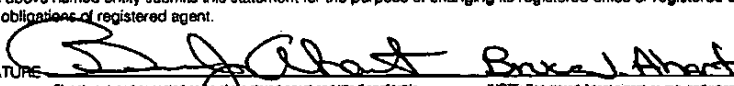
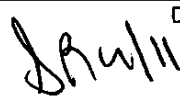
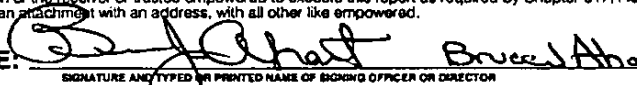


**AMENDED**  
**2005 NOT-FOR-PROFIT CORPORATION**  
**ANNUAL REPORT**

04-06-2005 90127 046 \*\*\*\*61.25  
 N33474

FILED  
 05 APR 11 PM 2:47  
 SECRETARY OF STATE  
 TALLahassee, FLORIDA  
**50034305**

<b>DOCUMENT # N33474</b>			
1. Entity Name OCEANIA CLUB, INC.			
Principal Place of Business 16421 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 US		Mailing Address 16421 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 85-0135255		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<del>BURR, ROBERT ESQ. JAY STEVEN LEVINE P.A. 2500 N. MILITARY TRAIL, SUITE 490 BOCA RATON, FL 33431</del>		Name <u>Deanis Eisinger</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>Phillips, Eisinger &amp; Brown</u>	
		City <u>Hollywood</u> FL Zip Code <u>33021</u>	
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 <u>3/25/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	P	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	SCHULTZ, KATHARINA MD <input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	16421 COLLINS AVE	NAME	Michael Weiss
CITY-ST-ZIP	MIAMI BEACH, FL 33160	STREET ADDRESS	1642 Collins Ave.
		CITY-ST-ZIP	Miami Beach, FL 33160
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENSTEIN, HAROLD	NAME	Alan Collins
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	F Director <input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZ, JOEL	NAME	Michael Hirsch
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, CLIVE	NAME	Alex Fusco
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	JARLIE, OSCAR	NAME	Bruce Albert
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: <u>3/25/05</u> DAYTIME PHONE: <u>305-956-5738</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	