


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90053 034 ****61.25

DOCUMENT # N33474

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

60011491

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01272006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0135255

Applied For
 Not Applicable

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	
EISINGER, DENNIS PHILLIPS, EISINGER & BROWN 4000 HOLLYWOOD BLVD, SUITE 265 HOLLYWOOD, FL 33021		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 May 1, 2006

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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISS, MICHAEL			NAME			
STREET ADDRESS	16421 COLLINS AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33160			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, ALAN			NAME			
STREET ADDRESS	16421 COLLINS AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33160			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIRSCH, MICHAEL			NAME			
STREET ADDRESS	16421 COLLINS AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33160			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FUSCO, ALEX			NAME			
STREET ADDRESS	16421 COLLINS AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33160			CITY-ST-ZIP			
TITLE	GM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AHERT, BRUCE J			NAME			
STREET ADDRESS	16421 COLLINS AVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33160			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, JOEL			NAME			
STREET ADDRESS	16421 COLLINS AVENUE			STREET ADDRESS			
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160			CITY-ST-ZIP			

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 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: Bruce J. Ahert **Bruce J. Ahert** 02-02-06 305-9565732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #