


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000049201</b> 1. Entity Name OCEANFRONT SWIMSUITS, INC.	
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Principal Place of Business 18300 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160 US	Mailing Address 18300 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160 US
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DO NOT WRITE IN THIS SPACE


07142008	No Chg-P	CR2E034 (11/05)
4. FEI Number <b>65-0433490</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

BENDJOVIA, DEBORAH  
 20155 NE 38TH CT  
 NORTH TOWER # 1001  
 AVENTURA, FL 33180

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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  \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**


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

UD0000955416  
07/17/08-80002-013 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENDJOVIA, DEBORAH 18465 NE 30TH AVE AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:  \_\_\_\_\_ 7/15/08 305 9314196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #