


2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90178 039 ***150.00

DOCUMENT # P94000040356
1. Entity Name
150 SAN CARLOS BOULEVARD CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
150 SAN CARLOS BLVD
Suite, Apt. #, etc.

3. Mailing Address
C/O OMG, INC.
Suite, Apt. #, etc.
428 BROADWAY

DO NOT WRITE IN THIS SPACE

City & State
FT. MYERS BEACH, FL

City & State
NEW YORK, NY

4. FEI Number 58-2123920

Applied For
 Not Applicable

Zip 33902 Country

Zip 10012 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name XL CORPORATE SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable)
4435 OLD WINTER GARDEN RD.

City ORLANDO FL Zip Code 32811

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.

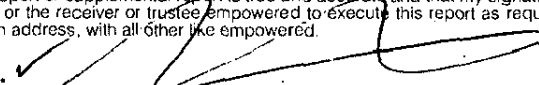
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - ABRAHAM GOLDBERG 137-11 BEACH CHANNEL DRIVE; BELLE HARBOR, NY 11694	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 exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  5/27/03 212-274-9885

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

CR2E034B (12/02)