2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State
09-02-2005 90011 004 ***558.75

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1. Entity Name
2295 SOUTH OCEAN BOULEVARD CORP

Principal Place of Business	Mailing Address
2295 S OCEAN BLVD. PALM BEACH, FL 33480	2295 S OCEAN BLVD. PALM BEACH, FL 33480

07222005 Chg-P CR2E034 (10/03)

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 59-1278985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ST. JOHN, CORE & LEMME, P.A.
1601 FORUM PLACE, SUITE 701
WEST PALM BEACH, FL 33401
Delete

7. Name and Address of New Registered Agent

Name: Becker + Poliakoff, P.A.
Street Address (P.O. Box Number is Not Acceptable): 625 North Flagler Drive
7th Floor
City: West Palm Beach FL Zip Code: 33401

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: Kenneth S. Direktor 8/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEYDEN, BERNARD 2295 SOUTH OCEAN BLVD 821 PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILLER, JEROME 2295 SOUTH OCEAN BOULEVARD 218 PALM BEACH, FL 33480	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Briskman, Ira 2295 S. Ocean Blvd. #221 Palm Beach, FL 33480	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM MASON, MALCOLM 2295 SO OCEAN BLVD #925 PALM BEACH, FL 33480	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Del Grandi, Anne H. 2295 S. Ocean Blvd. #424 Palm Beach, FL 33480	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHACHER, MARVIN 2295 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Milberg, Alvin Yale 2295 S. Ocean Blvd. #417 Palm Beach, FL 33480	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM SIMON, SUSANNE 2295 SOUTH OCEAN BOULEVARD 405 PALM BEACH, FL 33480	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Phillips, Jerrold 2295 S. Ocean Blvd. #301 Palm Beach, FL 33480	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM MCDONALD, BARBARA 2295 SO. OCEAN BLVD., #710 PALM BEACH, FL 33480	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Fine, Joel 2295 S Ocean Blvd. #510 Palm Beach, FL 33480	☐ Change ☑ Addition

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 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: Ira Briskman 8/24/05 561-582-3548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #