2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 240572

City-St-Zip: MIAMI BEACH, FL 33139

OCEAN TERRACE CO-OP APARTMENTS INC

FILED Apr 27, 2008 Secretary of State

Entity Name: OCEAN TERRACE CO-OP APARTMENTS, INC.							
Current Pr	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
123 - 135 T MIAMI BEA	THIRD ST ACH, FL 33139)					
Current Mailing Address:			New Mail	New Mailing Address:			
P.O. BOX 1	LEAF MANAG 190239 ICH, FL 33119						
FEI Number:	59-1031068	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired	()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BLUE LEAF MANAGEMENT 601 COLLINS AVENUE SUITE G MIAMI BEACH, FL 33139 US			601 COLL SUITE A	BLUE LEAF MANAGEMENT 601 COLLINS AVENUE SUITE A MIAMI BEACH, FL 33139 US			
The above in the State		submits this statement for the p	urpose of changing	its registered	office or registered agent, o	or both,	
SIGNATURE: DOMINIQUE BAILLEUL				04/27/2008			
	Electron	ic Signature of Registered Age	nt		Date		
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	JHANJI, BINA	Delete STREET APT 15 33139	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	LAVENDER, AB	STREET APT 01	Title: Name: Address: City-St-Zip:	LAVENDER,	RD STREET APT 01		
Title: Name: Address: City-St-Zip:	JHANJI, SUBBA	STREET APT 24	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	LINDA, MCGLA	STREET APT 25	Title: Name: Address: City-St-Zip:	LINDA, MCGI	RD STREET APT 25		
Title: Name: Address:	BARBARA, RAL	Delete EIGH STREET APT 28	Title: Name: Address:	SHARON, MI	(X) Change ()Addition ITMAN RD STREET APT 11		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: MIAMI BEACH, FL 33139

SIGNATURE: BINA JHANJI PD 04/27/2008