


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # F01000002674</b> 1. Entity Name RESIDENCES AT OCEAN GRANDE, INC.		
Principal Place of Business 18001 COLLINS AVE 31ST FLOOR SUNNY ISLES BEACH, FL 33160	Mailing Address 18001 COLLINS AVE 31ST FLOOR SUNNY ISLES BEACH, FL 33160	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DEZER, GIL 18001 COLLINS AVENUE SUNNY ISLES BEACH, FL 33160	<p>000000552843 05/15/06-80027-013 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEZERTZOV, ESTEE 89 FIFTH AVE. 11TH FLR NEW YORK, NY 10003	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALMON, LESLIE 89 FIFTH AVE. 11TH FLR NEW YORK, NY 10003	
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: <u>Leslie Salmon</u> 4/28/06 212.929.1285 x240 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1078796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	