2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H43664

Entity Name: OCEAN CLUB ASSOCIATES, INC.

FILED Mar 06, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2828 CORA SUITE 500 MIAMI, FL 3				2875 NE 191 STREET SUITE 801 AVENTURA, FL 33180		
Current Mailing Address:				New Mailing Address:		
2828 CORA SUITE 500 MIAMI, FL 3				2875 NE 191 STREET SUITE 801 AVENTURA, FL 33180		
FEI Number: 5	9-2627218	FEI Number Applied For ()	FEI Nur	mber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DE LA CRUZ, LUIS F 2 ALHAMBRA PLAZA PH2-C CORAL GABLES, FL 33134 US				SERBER, DANIEL J ESQ. 2875 NE 191 STREET 801 AVENTURA, FL 33180 US		
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.						
SIGNATURE: DANIEL J. SERBER				03/06/2008		
	Elect	ronic Signature of Registered Ag	ent		Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name:	PD BONELLI, F 2828 SW 2	() Delete EERNANDO 2 ST., STE. 500		Title: () Name: Address:) Change ()Addition	

() Delete

City-St-Zip: MIAMI, FL 33145

Title:

Title:

() Delete NOZZI, NESTOR D Name:

Address: 2828 SW 22 ST., STE. 500 MIAMI, FL 33145 City-St-Zip:

Name: ONDARCUHÚ, GUSTAVO H

Address: 2828 SW 22 ST., STE. 500 City-St-Zip: MIAMI, FL 33145

City-St-Zip:

() Change () Addition

() Change () Addition

Name: Address: City-St-Zip:

Title:

Title:

Name: Address: City-St-Zip:

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.

SIGNATURE: FERNANDO BONELLI PD 03/06/2008