

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90058 034 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                                                     |                                                                                                                               |                                                                                   |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L87048</b><br>1. Entity Name<br><b>850 OCEAN DRIVE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                                                     |                                                                                                                               |  |                                                                                                                 |
| Principal Place of Business<br><b>850 OCEAN DRIVE</b><br><b>MIAMI BEACH, FL 33139</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                                                                                                                     | Mailing Address<br><b>850 OCEAN DRIVE</b><br><b>MIAMI BEACH, FL 33139</b>                                                     |                                                                                   |                                                                                                                 |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                      |                                                                                   |                                                                                                                 |
| 01202004 Chg-P CR2E034 (10/03)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                                                                     | 4. FEI Number<br><b>65-0232169</b>                                                                                            |                                                                                   |                                                                                                                 |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                                                                                                                     | Applied For<br>Not Applicable                                                                                                 |                                                                                   |                                                                                                                 |
| 6. Name and Address of Current Registered Agent<br><b>FEUERMAN, JONATHAN ESQUIRE</b><br><b>% THERREL BAISDEN, P.A.</b><br><b>1 S.E. 3RD AVE., STE 2400</b><br><b>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |                                                                                   |                                                                                                                 |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                                                                                                     |                                                                                                                               |                                                                                   |                                                                                                                 |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                               |                                                                                   |                                                                                                                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                         |                                                                                   |                                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>GODINA, FRANCO<br>850 OCEAN DRIVE<br>MIAMI BEACH, FL 33139     | <input checked="" type="checkbox"/> Delete                                                                          |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | Please Delete Officer FRANCO Godina. would this be enough or what should we do? Kathy Bookkeeper (305) 532-0907 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VSD<br>BARRACCA, MASSIMO<br>850 OCEAN DRIVE<br>MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete                                                                                     |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Delete                                                                                     |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Delete                                                                                     |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Delete                                                                                     |                                                                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: 3/10/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                                                                                                                     |                                                                                                                               |                                                                                   |                                                                                                                 |