

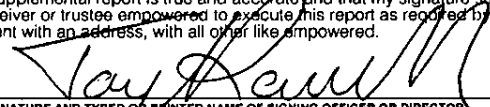


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # M33759			
1. Entity Name OCEAN DRIVE CLEVELANDER, INC.			
Principal Place of Business 1455 OCEAN DRIVE 1502 MIAMI BCH., FL 33139	Mailing Address 1455 OCEAN DRIVE 1502 MIAMI BCH., FL 33139		
DO NOT WRITE IN THIS SPACE			
		04282008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2704451	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KARPAWICH, ANTHONY J. 1455 OCEAN DRIVE APT 1502 MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE	
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) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000941095 05/28/08-80094-002 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARPAWICH, ANTHONY J. 1455 OCEAN DRIVE, APT 1502 MIAMI BEACH, FL 33139		
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DO NOT WRITE IN THIS SPACE			
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: 		4/28/08 (205) 534-3393	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Day & Phone #</small>	