


**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

50040920

<b>DOCUMENT # P00000013581</b>		04-20-2005 90354 031 ***158.75	
1. Entity Name OTTOMAN ENTERPRISES, INC.			
Principal Place of Business 11300 US HIGHWAY 1 SUITE 205 NORTH PALM BEACH, FL 33408		Mailing Address 11300 US HIGHWAY 1 SUITE 205 NORTH PALM BEACH, FL 33408	
2. Principal Place of Business 2401 PGA Boulevard		3. Mailing Address 2401 PGA Boulevard	
Suite, Apt. #, etc. Suite 148		Suite, Apt. #, etc. Suite 148	
City & State Palm Beach Gardens		City & State Palm Beach Gardens	
Zip FL 33410	Country USA	Zip FL 33410	Country USA
6. Name and Address of Current Registered Agent FRICKER, H. MAX 11300 US HIGHWAY 1 SUITE 203 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Boulevard, Suite 148 City, State, Zip Palm Beach Gardens, FL 33410	
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: FRICKER, H. MAX DATE: 4/8/05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: JACOBS, OTTO KAR STREET ADDRESS: 11300 US HIGHWAY 1, SUITE 205 CITY-ST-ZIP: NORTH PALM BEACH, FL 33408		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 2401 PGA Boulevard, Suite 148 CITY-ST-ZIP: Palm Beach Gardens, FL 33410	
TITLE: D NAME: FRICKER, H. MAX STREET ADDRESS: 11300 US HIGHWAY 1, SUITE 203 CITY-ST-ZIP: NORTH PALM BEACH, FL 33408		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 2401 PGA Boulevard, Suite 148 CITY-ST-ZIP: Palm Beach Gardens, FL 33410	
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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: H. Max Fricker, D		4/8/05 (561) 625-1005	