## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2004 8:00 am Secretary of State 04-21-2004 90097 031 \*\*\*150.00 **DOCUMENT # P01000008205** 1. Entity Name OCEANWAY CONSTRUCTION, INC. Principal Place of Business Mailing Address 710 SE 3RD LANE 314 SE 4 TERRACE DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 2. Principal Place of Business 314 SE 4 Terrace 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State )ania 65-1093617 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHARLES J. GOLDMAN; P.A. Street Address (P.O. Box Number is Not Acceptable 601 SOUTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020 Jerrace Beach 33004 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 STEVEN raquet SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **Delete** TITLE TITLE ☐ Change ☐ Addition CHEBUSKE, MIKE NAME NAME STREET ADDRESS 710 SE 3RD LANE STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition PAQUET, STEVE NAME NAME 314 SE 4TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 CITY-ST-ZIP Delete -TITLE-TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 of the corporation of the corporation of the receiver of trustee empowered. SIGNATURE: IE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED