


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90337 015 \*\*\*150.00

<b>DOCUMENT # P01000040990</b>	
1. Entity Name OCEAN SPRAY ASSOCIATES, INC.	

Principal Place of Business 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD, FL 33021	Mailing Address 1000 BRICKELL AVENUE SUITE 720 MIAMI, FL 33131
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14014336

2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900	3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900
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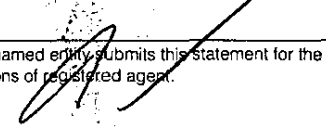
04262004 Chg-P CR2E034 (10/03)

City & State Aventura FL	City & State Aventura FL
Zip 33180	Country USA

4. FEI Number 65-1104878	Applied For Not Applicable
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6. Name and Address of Current Registered Agent ROUSSO, MARK E ESQ 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD, FL 33021	
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7. Name and Address of New Registered Agent Name Mark E. ROUSSO Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave City Aventura FL Zip Code 33180	
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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:  DATE: 04/26/04 (NOTE: Registered Agent signature required when reinstating)	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HAWLEY, XAVIER 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROUSSO, MARK E 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAURIS BOULANGER 18851 NE 29th Ave #900 Aventura FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	18851 NE 29th Ave #900 Aventura FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: 	04/26/04 786 279 0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	