2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000103377

1. Entity Name
4301 OCEAN DR., INC.

Principal Place of Business	Mailing Address
4301 OCEAN DR. FT. LAUDERDALE, FL	3191 CORAL WAY SUITE 1008 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

01232008 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
65-1154611	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, DAVID ESQ
3191 CORAL WAY #1008
MIAMI, FL 33145

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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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000940240 05/28/08-80059-030 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STONE, DAVID ESQ
STREET ADDRESS	3191 CORAL WAY, SUITE 1008
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	TS
NAME	SOSTCHIN, HENRIETTA
STREET ADDRESS	3191 CORAL WAY, SUITE 1008
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/28/08   305-476-7767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #