

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 90765 003 ***150.00

DOCUMENT # P01000116274

1. Entity Name
OCEANSHORE BROTHERS INC.



Principal Place of Business
**1590 OCEANSHORE BLVD
ORMOND BEACH, FL 32176**

Mailing Address
**PO BOX 1195
AVON PARK, FL 33826**

66425029



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004

Chg-P

CR2E034 (10/03)

4. FEI Number

30-0055907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHOWDHURY, MOHAMMED A
4020 RAMIRO ST
SEBRING, FL 33872**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$650.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **PVTD** ☐ Delete
NAME: **JABBAR, MOHAMMED A**
STREET ADDRESS: **1175 W MINNESOTA AVE APT 27**
CITY- ST- ZIP: **DELAND, FL 32720**

TITLE: **SD** ☐ Delete
NAME: **CHOWDHURY, MOHAMMED A**
STREET ADDRESS: **4020 RAMIRO ST**
CITY- ST- ZIP: **SEBRING, FL 33872**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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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:

M. Chowdhury, SD.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/07
DATE

Daytime Phone #