
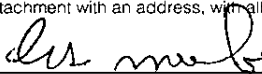


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90016 010 ***150.00

DOCUMENT # P02000107022 1. Entity Name OCEAN AVENUE PIZZA, INC.					
Principal Place of Business 412 E OCEAN AVENUE BOYNTON BEACH, FL 33435			Mailing Address 412 E OCEAN AVENUE BOYNTON BEACH, FL 33435		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 83-0340461	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MERCADO, JOSE 114 NE 20TH AVENUE BOYNTON BEACH, FL 33435				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD		TITLE		
NAME	MERCADO, JOSE		NAME		
STREET ADDRESS	114 NE 20TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<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: 			8-6-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

54069491



08062004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

FL

Attachment # P02000107022 54069491
MICHAEL J. McGOEY CPA, INC.

639 EAST OCEAN AVENUE, SUITE 101

BOYNTON BEACH, FL 33435

(561) 734-8599

Fax (561) 734-8544

mjmcgoey@aol.com

June 18th, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

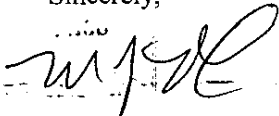
RE: OCEAN AVENUE PIZZA IND #P02000107022, FEI # 83-0340461

Dear Sir/Madam:

We are writing on behalf of the above taxpayer. This establishment was closed for three months and the post card for renewing the Annual Report was never received, we are therefore asking that the enclosed check in the amount of \$150.00 be accepted for the renewal, and no penalties be imposed.

Thanking you in advance for your understanding and prompt attention to this matter, if we can be of further assistance to you please feel free to contact this office.

Sincerely,



Michael J McGoe CPA
Enclosures/



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 6, 2004

OCEAN AVENUE PIZZA INC
412 E OCEAN AVE UNIT 2
BOYNTON BEACH, FL 33435-4580

SUBJECT: OCEAN AVENUE PIZZA, INC.
Ref. Number: P02000107022

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Jeraline Saulsberry
Document Specialist

Letter Number: 104A00049049