

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # PG2000132071

1. Entity Name
Oceanside Entertainment Consultants



Principal Place of Business
340 Royal Poinciana Way, STE 317/130
Palm Beach, FL 33480

Mailing Address

Way, STE 317/130
Palm Beach, FL 33480

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

61-1463327

1. Apply For

Not Applicable

5. Certificate of Good Standing

☐

\$8.75 Additional Fee Required

CR26034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Paul Massino
340 Royal Poinciana Way, STE 317/130
Palm Beach, FL 33480

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 must be in ink and must be of registered agent and not a notary.

NOTE: Registered Agent signature required when changing agent.

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2006 Fee will be \$250.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 Add to Fee

Trust Fund Contribution

☐

Added to Fee

10. OFFICERS AND DIRECTORS

11. ADD OR CHANGE TO OFFICERS AND DIRECTORS IN 11

NAME
MGR
PAUL MASSINO
340 Royal Poinciana Way
STE 317/130
Palm Beach, FL 33480

☐ Delete

NAME

NAME

STREET ADDRESS

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

CITY-STATE-ZIP

SIGNATURE:

P. Massino

3/3/06

SIGNATURE AND TITLE OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

Date

Printed Name