


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90239 031 ***150.00

DOCUMENT # P02000135413 1. Entity Name OCEANSIDE MANAGER INCORPORATED					
Principal Place of Business 3250 MARY ST #308 COCONUT GROVE, FL 33133			Mailing Address 3250 MARY ST #308 COCONUT GROVE, FL 33133		
2. Principal Place of Business Suite, Apt. #, etc. 501		3. Mailing Address Suite, Apt. #, etc. 501			
City & State 		City & State 		4. FEI Number 48-1293366	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRONIG, STEVEN C ESQ STEVEN CARLYLE CRONIG & ASSOCIATES, P.A. 307 CONTINENTAL PLAZA, 3250 MARY ST COCONUT GROVE, FL 33133				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, DANA 308 CONTINENTAL PLAZA, 3250 MARY ST COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVAK, KEITH 308 CONTINENTAL PLAZA, 3250 MARY ST COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete			
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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: _____ Date _____ Daytime Phone # _____					