


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000135413 1. Entity Name OCEANSIDE MANAGER INCORPORATED		
Principal Place of Business 3250 MARY ST 501 COCONUT GROVE, FL 33133	Mailing Address 3250 MARY ST 501 COCONUT GROVE, FL 33133	
DO NOT WRITE IN THIS SPACE		
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		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, DANA 501 CONTINENTAL PLAZA, 3250 MARY STREET COCONUT GROVE, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVAK, KEITH 501 CONTINENTAL PLAZA, 3250 MARY STREET COCONUT GROVE, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/21/06</u> 305 341-0600 <small>Daytime Phone #</small>



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number
48-1293366

Applied For
Not Applicable

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

000000529057
05/05/06-80059-022 150.00

**DO NOT WRITE
IN THIS SPACE**