


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90037 033 \*\*\*150.00

**DOCUMENT # P03000022880**

1. Entity Name  
**OCEANSIDE DELI, INC.**



Principal Place of Business <b>147 FIFTH AVENUE          INDIALANTIC, FL 32903 US</b>	Mailing Address <b>147 FIFTH AVENUE          INDIALANTIC, FL 32903 US</b>
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**94030868**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03032004 Chg-P CR2E034 (10/03)

4. FEI Number <b>75-3102299</b>				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
<b>DEBRIN, DARREN          147 FIFTH AVENUE          INDIALANTIC, FL 32903</b>			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.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEBRINO, DARREN			NAME			
STREET ADDRESS	147 FIFTH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC, FL 32903			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMIREZ, ALEXANDER			NAME			
STREET ADDRESS	147 FIFTH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC, FL 32903			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Kathy DeBrino		
STREET ADDRESS				STREET ADDRESS	147 Fifth Avenue		
CITY-ST-ZIP				CITY-ST-ZIP	Indialantic FL 32903		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Darren DeBrino 3/10/04 (321)28-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #