


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000022880 1. Entity Name OCEANSIDE DELI, INC.	
--	---

FILED

04 JUN 11 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




06042004 Chg-P CR2E034 (10/03)

Principal Place of Business 147 FIFTH AVENUE INDIALANTIC, FL 32903 US		Mailing Address 147 FIFTH AVENUE INDIALANTIC, FL 32903 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 75-3102299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEBRIN, DARREN 147 FIFTH AVENUE INDIALANTIC, FL 32903	7. Name and Address of New Registered Agent Name Katherine Vermett Street Address (P.O. Box Number is Not Acceptable) 147 Fifth Avenue City Indialantic FL Zip Code 32903
---	--

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 *Katherine Vermett* DATE 6-4-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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	D <input checked="" type="checkbox"/> Delete	TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRINO, DARREN	NAME	Katherine Vermett
STREET ADDRESS	147 FIFTH AVENUE	STREET ADDRESS	147 Fifth Avenue
CITY-ST-ZIP	INDIALANTIC, FL 32903	CITY-ST-ZIP	Indialantic FL 32903
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBRINE, KATHY	NAME	Gregory Vermett
STREET ADDRESS	147 FIFTH AVENUE	STREET ADDRESS	147 Fifth Avenue
CITY-ST-ZIP	INDIALANTIC, FL 32903	CITY-ST-ZIP	Indialantic FL 32903
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	600038425016
STREET ADDRESS		STREET ADDRESS	06/29/04--01058--014 **\$61.25
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)(f), 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: *Katherine Vermett* DATE 6-4-04

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