

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90035 043 ***150.00

DOCUMENT # P03000042225

1. Entity Name
OCEAN POINT 2101 CORP.



11000000

Principal Place of Business
**777 BRICKELL AVENUE
SUITE 1070
MIAMI, FL 33131**

Mailing Address
**777 BRICKELL AVENUE
SUITE 1070
MIAMI, FL 33131**

2. Principal Place of Business
**777 Brickell Avenue
Suite, Apt. #, etc.
Suite 1070**

3. Mailing Address
**777 Brickell Avenue
Suite, Apt. #, etc.
Suite 1070**

City & State
Miami, Florida
Zip
33131
Country
U.S.A

City & State
Miami, Florida
Zip
33131
Country
U.S.A

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
47-0917670
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MONTELLO, LOUIS R
777 BRICKELL AVENUE
SUITE 1070
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Louis R. Montello
Street Address (P.O. Box Number is Not Acceptable)
**777 Brickell Avenue
Suite 1070
City
Miami FL Zip Code
33131**

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, typed or printed name of registered agent and title if applicable.

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
RAFFAI, JR., ZOLTAN
777 Brickell Avenue, Suite 1070
Miami, Florida 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
RAFFAI, JR., ZOLTAN
777 Brickell Avenue, Suite 1070
Miami, Florida 33131** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 (303) 9373-0320
Date Daytime Phone #