


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90292 002 ***150.00

DOCUMENT # P03000066829 1. Entity Name OCEANSIDE SEAFOOD CORP.			
Principal Place of Business 8004 NW 154 STREET #164 HIALEAH, FL 33016		Mailing Address 8004 NW 154 STREET #164 HIALEAH, FL 33016	
2. Principal Place of Business 2000 QUAYSIDE TERRACE Suite, Apt. #, etc. 1111 (APT.) City & State MIAMI, FL. Zip 33138 Country MIAMI-DADE		3. Mailing Address 2000 QUAYSIDE TERRACE Suite, Apt. #, etc. 1111 (APT.) City & State MIAMI, FL. Zip 33138 Country MIAMI-DADE	
4. FEI Number 06-1699519		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 MCCOY, KENNETH 8004 NW 154 STREET #164 HIALEAH, FL 33016		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, 2005 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	PST MCCOY, KENNETH W 8004 NW 154 STREET #164 HIALEAH, FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000 QUAYSIDE TERRACE #1111 MIAMI, FL. 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 powers.			
SIGNATURE: <u>KENNETH W. MCCOY</u> 4/15/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

50050849



305-3621841