2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # P03000066829 1. Entity Name OCEANSIDE SEAFOOD CORP.				05-01-20	05-01-2006 90397 034 ***150.00	
Principal Plac	e of Business	Mailing Address		4,007,000	7.1	
·		•	ACE .	1.00		
2000 OWAYSIDE TERRACE		2000 <u>Oway</u> side Terrace APT 1111				
APT 1111 MIAMI, FL 33138		MIAMI, FL 33138				
IVITATIVIT, FL 3.	3130	WIIAWII, FL 33130			NITE BOOK ORNIG BIRAG GIRAG KRINT HOLD SPHIGEL IF HOSE	
2. Principal Place of Business 3. Mailing Address		3 Mailing Address				
2000 QUAUSIDE TERRACE			-			
			AUSIDE 18	KICKES		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006 Chg-P	CR2E034 (11/05)	
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City & State		City & State		4. FEI Number	Applied For	
				06-1699519	Not Applicable	
Zìp	Country	Zìp	Country	5. Certificate of Status Desi	red S8.75 Additional	
		j		5. Certificate of Status Desi	Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of N	ew Registered Agent	
			Name			
MCCOY, K	KENNETH					
	154 STREET #164		Street Add	Street Address (P.O. Box Number is Not Acceptable)		
HIALEAH,						
			73-2	DN.W. 60 th	1	
				DN.W. 40 -	= 0	
			City	AMI LAKES	FL Zip Code	
P The above	against active submits this statement	for the purpose of changing its			of Florida. I am familiar with, and accept	
	tions of registered agent.	for the purpose of changing its	registered onice or to	agistered agent, or both, in the state	of Florida. Tan familiar with, and accept	
and obligat	aono or rogistorea again.					
SIGNATURE_						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	E: Registered Agent signature	required when reinstating)	DATE	
SIGNATURE.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	E: Registered Agent signature	required when reinstating)	DATE	
		nt and title if applicable. (NOTE			DATE	
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FIL	E NOW!!! FEE IS \$150.00	9. Election Campa 1.00 Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees	DATE DOFFICERS AND DIRECTORS IN 11	
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR U. MCLOY 4/21/04 400/