


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

01-29-2004 90106 001 ***150.00

DOCUMENT # P03000092882					
1. Entity Name OCEAN ISLAND PIZZA INC.					
Principal Place of Business 1638 N.E. 164TH STREET NORTH MIAMI BEACH, FL 33162		Mailing Address 1638 N.E. 164TH STREET NORTH MIAMI BEACH, FL 33162			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0478159	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAMUDA, MICHAEL A ESQ. 9050 PINES BLVD. SUITE 300 PEMBROKE PINES, FL 33024			Name Sean Brinkley Street Address (P.O. Box Number is Not Acceptable) 2041 SW 120th Terrace City Miramar FL Zip Code 33025		
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 <i>Sean Brinkley</i>		(NOTE: Registered Agent signature required when reinstating)		DATE	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</p>		<p>B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>		<p>\$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOC <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRINKLEY, SEAN	NAME	2041 SW 120th Terrace		
STREET ADDRESS	200 BOYCE ROAD	STREET ADDRESS	Miramar, FL 33025		
CITY-ST-ZIP	CENTERVILLE, OH 45440	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYAN, KEVIN CHARLES	NAME			
STREET ADDRESS	2546 MARSCOTT DROVE	STREET ADDRESS			
CITY-ST-ZIP	DAYTON, OH 45440	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			
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: <i>Sean Brinkley</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-24-03 Daytime Phone # 6807759	