

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-05-2005 90049 037 ***150.00

DOCUMENT # P04000016382 1. Entity Name OCEAN TERRACE HOTEL, INC.																																																		
Principal Place of Business 7410 OCEAN TERRACE MIAMI BEACH FL 33141				Mailing Address 7410 OCEAN TERRACE MIAMI BEACH FL 33141																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																
City & State Zip		City & State Zip		4. FEI Number 59-0891382																																														
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																														
6. Name and Address of Current Registered Agent GUEST, JAMES M 15600 SW 288TH ST #201 HOMESTEAD FL 33033				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																														
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.				FL Zip Code																																														
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____																																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY- ST- ZIP</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td></td> <td>PVST STRAWDERMAN, IVEN</td> <td>7410 OCEAN TERRACE</td> <td>MIAMI BEACH FL 33141</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY- ST- ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>						TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Delete		PVST STRAWDERMAN, IVEN	7410 OCEAN TERRACE	MIAMI BEACH FL 33141		TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	☐ Change ☐ 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 like empowered.																																																		
SIGNATURE: _____ <i>March 30, 2005</i> 305.866.7371 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																		