

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 A
Secretary of State**

DOCUMENT # P04000105919

1. Entity Name
ONA SHORES INVESTMENT CORP.



Principal Place of Business

**2310 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

Mailing Address

**2310 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1376800

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKLAR, NEAL
2310 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000408489
02/08/06-80062-005 150.00**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | P |
| NAME | SKLAR, ARI |
| STREET ADDRESS | 2310 HOLLYWOOD BLVD |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 |
| TITLE | S |
| NAME | SKLAR, NEAL |
| STREET ADDRESS | 2310 HOLLYWOOD BLVD |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 |
| TITLE | VP |
| NAME | SKLAR, OSCAR |
| STREET ADDRESS | 2310 HOLLYWOOD BLVD |
| CITY-ST-ZIP | HOLLYWOOD, FL 33020 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2006 904-928-9292
Date Daytime Phone #