


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-16-2007 90204 013 ***150.00

DOCUMENT # P06000095214 1. Entity Name OCEANVIEW PIZZA & RESTURANT INC.					
Principal Place of Business 17 SOUTH FORT LAUDERDALE BLVD FORT LAUDERDALE, FL 33316			Mailing Address 17 SOUTH FORT LAUDERDALE BLVD FORT LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box # 175 Ft Lauderdale Beach		3. Mailing Address 175 Ft Lauderdale Beach			
Suite, Apt. #, etc. 228		Suite, Apt. #, etc. 228			
City & State Ft Lauderdale		City & State Ft Lauderdale			
Zip 33316		Country BROWARD		Zip 33316	
Country BROWARD		4. FEI Number 56-2599684			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01122007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent DBA TRUGLIO, PHILIP 13254 S.W. 41 STREET DAVIE, FL 33330			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 DBA Phil Truglio DATE 1/12/07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P TRUGLIO, PHILIP 13254 S.W. 41 STREET DAVIE, FL 33330 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ACCARDI, LORENZA 13254 S.W. 41 STREET DAVIE, FL 33330 <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 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: DBA Phil Truglio			DATE: 1/12/07		