


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90078 033 \*\*\*158.75

<b>DOCUMENT # P94000063888</b>			
1. Entity Name <b>OCEAN BISTRO, INC.</b>			
Principal Place of Business <b>101 SOUTH ATLANTIC BLVD. FT. LAUDERDALE FL 33316</b>		Mailing Address <b>3001 E OAKLAND PARK BLVD OAKLAND PARK FL 33306 US</b>	
2. Principal Place of Business		3. Mailing Address <b>One Commercial Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Lauderdale by the Sea</b>	
City & State		City & State <b>Florida</b>	
Zip	Country	Zip	Country
<b>33308</b>		<b>33308</b>	<b>Broward.</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0517180</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>BECK, PETER S 3001 EAST OAKLAND PARK BOULEVARD OAKLAND PARK FL 33306-1817</b>			
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, PETER 3001 E OAKLAND PARK BLVD FT LAUDERDALE FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beck Peter One Commercial Blvd Lauderdale by the Sea FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Peter Beck **1/26/05** **954-566-2804**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #