2006 FOR PROFIT CORPORATION
ANNUAL REPORT

150

DOCUMENT # P94000086312

1. Entity Name
OCEAN MOTELS OF FLORIDA, INC.,

Principal Place of Business	Mailing Address
13790 NW 4 STREET	13790 NW 4 STREET
113	113
SUNRISE, FL 33325	SUNRISE, FL 33325 US

DO NOT WRITE IN THIS SPACE

FILED

06 MAY 16 PM 3: 31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05012006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0539770	Not Applicable

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

6. Name and Address of Current Registered Agent

ZEDECK, LEONARD E
13790 NW 4 STREET
113
SUNRISE, FL 33325

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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 **Due by September 6, 2006**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BILOTTI, MICHAEL
STREET ADDRESS	13790 NW 4 STREET, STE. 113
CITY-ST-ZIP	SUNRISE, FL 33325

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
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TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Michael Bilotti* 5/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #