


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90230 047 \*\*\*150.00

DOCUMENT # P95000046162  
 1. Entity Name  
**OAKS BAYSIDE, INC.**



Principal Place of Business Mailing Address  
 1741 MAIN ST 1741 MAIN ST  
 STE 201 STE 201  
 SARASOTA, FL 34236 US SARASOTA, FL 34236 US

**14010754**



2. Principal Place of Business 3. Mailing Address  
*2127 Ringling Blvd.* *2127 Ringling Blvd.*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*Suite 102* *Suite 102*  
 City & State City & State  
*Sarasota, FL* *Sarasota, FL*  
 Zip Country Zip Country  
*34237* *USA* *34237* *USA*

01302004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
**65-0623562** Not Applicable

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

6. Name and Address of Current Registered Agent  
**VENABLE, JOSEPH P**  
 1400 4TH AVE. WEST  
 BRADENTON, FL 34205

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	VENABLE, JOSEPH P
STREET ADDRESS	1400 4TH AVE. WEST
CITY-ST-ZIP	BRADENTON, FL
TITLE	PT <input type="checkbox"/> Delete
NAME	PIERO RIVOLTA
STREET ADDRESS	215 ROBIN DR.
CITY-ST-ZIP	SARASOTA, FL
TITLE	VS <input type="checkbox"/> Delete
NAME	RENZO RIVOLTA
STREET ADDRESS	215 ROBIN DRIVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Piero Rivolta* 4/25/04 941.954035J  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Piero Rivolta*