


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000052759</b> 1. Entity Name <b>DOCKSIDE MANAGEMENT, INC.</b>	
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Principal Place of Business <b>8405 N.W. 53RD STREET APT A-104 MIAMI, FL 33166 US</b>	Mailing Address <b>P O BOX 59-1076 MIAMI, FL 33159-1076 US</b>
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**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0592534</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HALLER, KENNETH M CPA 12515 N KENDALL DR SUITE 314 MIAMI, FL 33186</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TORRES, GONZALO JR 8405 N.W. 53RD ST., #A-104 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FAYA, CLARA M 8405 N.W. 53RD ST., #A-104 MIAMI, FL
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02/18/05-80013-022 150.00

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR</small>	Date <b>1-11-05</b> <small>Date</small>	Daytime Phone # <b>305 418 4804</b> <small>Daytime Phone #</small>
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