
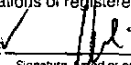



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 15, 2007 8:00 am**  
**Secretary of State**

06-15-2007 90023 001 \*\*\*300.00

DOCUMENT # P98000096107			
1. Entity Name OCEAN BAY REALTY, INC.			
Principal Place of Business 11921 S. DIXIE HWY. SUITE 202 MIAMI, FL 33156 US		Mailing Address 11921 S. DIXIE HWY. SUITE 202 MIAMI, FL 33156 US	
2. Principal Place of Business - No P.O. Box # 3284 NE 211 Terr Suite, Apt. #, etc.		3. Mailing Address P.O. Box 80-1504 Suite, Apt. #, etc.	
City & State Aventura, FL		City & State Aventura FL	
Zip 33180		Zip 33180	
Country		Country	
5. Certificate of Status Desired <input type="checkbox"/>		5. FEI Number 65-0876720	
8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARLIN, RICHARD PRES. 3142 NE 212 STREET AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3284 NE 211 Terr. City Aventura FL Zip Code 33180	
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: 		DATE: 5/17/2007	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARLIN, RICHARD PRES. 3142 NE 212 STREET AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3284 NE 211 Terr Aventura FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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 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: 		DATE: 5/17/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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