

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000096604		
1. Entity Name OCEAN CITY VIEW, INC.		
Principal Place of Business 1455 OCEAN DRIVE UNIT 1502 MIAMI BEACH, FL 33139	Mailing Address 1455 OCEAN DRIVE UNIT 1502 MIAMI BEACH, FL 33139	 04282008 No Chg-P CR2E034 (11/05) 4. FEI Number 65-0893731 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KARPAWICH, ANTHONY J. 1455 OCEAN DRIVE UNIT 1502 MIAMI BEACH, FL 33139		
DO NOT WRITE 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 (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000340841 05/28/08-80082-022 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KARPAWICH, ANTHONY J 1455 OCEAN DRIVE UNIT 1502 MIAMI BEACH, FL 33139	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/28/08 (305) 534 3393 <small>Date Daytime Phone #</small>