


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90266 033 ***150.00

DOCUMENT # S60234

1. Entity Name
OCEAN HOUSE, INC.



Principal Place of Business Mailing Address

1150B E HALLNDALE BCH BLVD 1150B E HALLNDALE BCH BLVD
 HALLANDALE FL 33009 HALLANDALE FL 33009
 US US

2. Principal Place of Business 3. Mailing Address

1950 NE 208 TERRACE **1950 NE 208 TERRACE**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI, FL **MIAMI, FL**

Zip Zip Country Country

33179 **33179** **US** **US**



MOORE CR2E034 (11/03)

4. FEI Number **65-0283452** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LECHTER, ROBERT
 1150B E HALLANDALE BCH BLVD
 HALLANDALE FL 33009

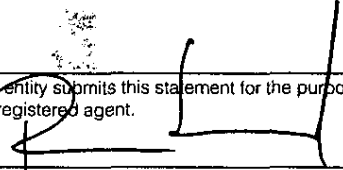
7. Name and Address of New Registered Agent

Name **GEORGE LECHTER**

Street Address (P.O. Box Number is Not Acceptable)
1950 NE 208 TERRACE

City **MIAMI** State **FL** Zip Code **33179**

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  **ROBERT LECHTER** DATE **4/14/04**

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
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

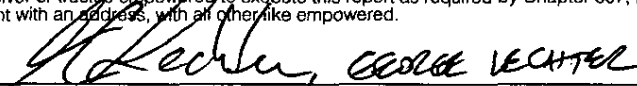
10. OFFICERS AND DIRECTORS

TITLE - NAME	PDS LECHTER, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1150 E HALLANDALE BCH BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE - NAME	D LECHTER, LORENA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1150 E HALLANDALE BCH BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - NAME	PDS GEORGE LECHTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1950 NE 208 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **GEORGE LECHTER** DATE **4/15/04** DAYTIME PHONE # **305 933 2026**

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