

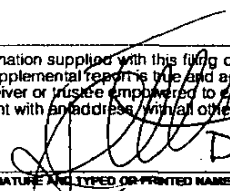


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90047 002 ***158.75

DOCUMENT # G16231			
1. Entity Name OTICENTRO, INC.			
Principal Place of Business 1470 N.W. 107TH AVE., SUITE "M" MIAMI, FL 33172		Mailing Address 12052 S.W. 10TH TERRACE MIAMI, FL 33184	
2. Principal Place of Business - No P.O. Box # 12060 SW 10TH TERRACE		3. Mailing Address 12060 SW 10TH TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL	
Zip 33184	Country U.S.A.	Zip 33184	Country U.S.A.
6. Name and Address of Current Registered Agent PEREZ-RANGEL, DOMINGO A 1470 N.W. 107TH AVE., SUITE "M" MIAMI, FL 33172		7. Name and Address of New Registered Agent Name: MARTA E. MEDINA Street Address (P.O. Box Number is Not Acceptable): 12060 SW 10TH TERRACE City: MIAMI FL Zip Code: 33184	
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: MARTA E. MEDINA  DATE: APRIL 08/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ-RANGEL, DOMINGO A 1470 N.W. 107TH AVE., SUITE "M" MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD PEREZ-RANGEL DOMINGO A. 12060 SW 10TH TERRACE MIAMI - FL - 33184 <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	S MARTA E. MEDINA 12060 SW 10TH TERRACE MIAMI - FL - 33184 <input type="checkbox"/> Change <input checked="" 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 reports 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 or email other like empowered.			
SIGNATURE:  Domingo A. PEREZ-RANGEL		Date: APR 15-08 (305) 599-1528	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	