


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M16558 1. Entity Name OCEAN BANKSHARES, INC.	
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Principal Place of Business 780 N.W. 42ND AVENUE STE 300 MIAMI, FL 33126 US	Mailing Address 780 N.W. 42ND AVENUE STE 300 MIAMI, FL 33126 US
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**DO NOT WRITE IN THIS SPACE**

04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2541622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CONSVEGRA, LUIS  
780 NW 42ND AVE, STE 300  
MIAMI, FL 33126

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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	1100004539887 05/09/06-80117-016 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONSVEGRA, LUIS A 780 NW 42ND AVE, STE 300 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE SOUSA MACEDO, JOAO 780 NW 42ND AVE, STE 300 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ COCEPCION, BENIGNO 780 NW 42ND AVE, STE 300 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DE SOUSA MACEDO, AGOSTINHO 780 NW 42ND AVE, STE 300 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CONCEPCION, JOSE A. 780 NW 42ND AVE, STE 300 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DA CORTE, DOMINGO L 780 NW 42ND AVE, STE 300 MIAMI, FL

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IN THIS SPACE**

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: Luis A. Consuegra 4/26/06 (305) 569-5453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #