

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90040 005 ***150.00



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1. Entity Name
OCEAN INVESTMENT MANAGEMENT CORP.

Principal Place of Business

790 N.W. 72 STREET
 MIAMI, FL 33150

Mailing Address

790 N.W. 72 STREET
 MIAMI, FL 33150

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04162008 Chg-P CR2E034 (12/06)

4. FEI Number
 65-1039487

Applied For
 Not Applicab

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEJIA, JAIME A
 790 N.W. 72 STREET
 MIAMI, FL 33150

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME MEJIA, JAIME A
 STREET ADDRESS 790 N.W. 72 STREET
 CITY-ST-ZIP MIAMI, FL 33150

TITLE SD Delete
 NAME GARCIA, JAIME
 STREET ADDRESS 790 N.W. 72 STREET
 CITY-ST-ZIP MIAMI, FL 33150

TITLE V Delete
 NAME MEJIA, SARA
 STREET ADDRESS 790 N.W. 72 STREET
 CITY-ST-ZIP MIAMI, FL 33150

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
 NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE Change Addit
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Jaime Meia*