2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90083 034 ***150.00

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1. Entity Name
OCEANVIEW CONSULTING CORPORATION

Principal Place of Business	Mailing Address
16558 NE 26TH AVE SUITE 3E MIAMI, FL 33160	16558 NE 26TH AVE SUITE 3E MIAMI, FL 33160

03032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3625 N. Country Club DRIVE	3625 N. Country Club Drive
Suite, Apt. #, etc. #810	Suite, Apt. #, etc. #810
City & State AVENTURA FLORIDA	City & State AVENTURA FLORIDA
Zip 33180 Country	Zip 33180 Country

4. FEI Number 11-3654611 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZAJAC, ALEJANDRO
16558 NE 26TH AVE
SUITE 3E
MIAMI, FL 33160

7. Name and Address of New Registered Agent

Name MARIANO ZELERTEINS
Street Address (P.O. Box Number is Not Acceptable) 3625 N. Country Club DRIVE #810
City AVENTURA **FL** Zip Code 33180

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] MARIANO ZELERTEINS 03/04/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZELERTEINS, MARIANO		NAME	
STREET ADDRESS	16558 NE 26TH AVE SUITE 3E		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33160		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: [signature] MARIANO ZELERTEINS 03/04/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #