
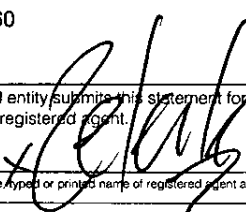
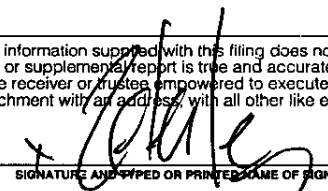


FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90083 034 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000101526 1. Entity Name OCEANVIEW CONSULTING CORPORATION		
Principal Place of Business 16558 NE 26TH AVE SUITE 3E MIAMI, FL 33160		Mailing Address 16558 NE 26TH AVE SUITE 3E MIAMI, FL 33160
2. Principal Place of Business 3625 N. Country Club Drive Suite, Apt. #, etc. # 810		3. Mailing Address 3625 N. Country Club Drive Suite, Apt. #, etc. # 810
City & State Aventura FLORIDA		City & State Aventura FLORIDA
Zip 33180	Country	Zip 33180
Country		Country
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
State 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:  MARIANO ZELERTEINS DATE: 03/04/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 D	<input type="checkbox"/> Delete NAME ZELERTEINS, MARIANO STREET ADDRESS 16558 NE 26TH AVE SUITE 3E CITY-ST-ZIP MIAMI, FL 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  MARIANO ZELERTEINS		Date: 03/04/04 <small>Daytime Phone #</small>

94029267



03032004 Chg-P CR2E034 (10/03)

4. FEI Number
 11-3654611 Applied For
 Not Applicable

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