


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P04384 1. Entity Name OKEELANTA CORPORATION	
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Principal Place of Business ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401	Mailing Address ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

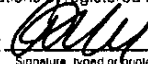
4. FEI Number 59-2480232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TABERNILLA, ARMANDO A
ONE NORTH CLEMATIS ST STE 200
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
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:  _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVAS CARSON, DONALD W ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BLOMQUIST, ERIK J ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FANJUL, JOSE F ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV FANJUL, ANDRES B ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CEPERO, GUSTAVO ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV FERNANDEZ, LUIS J ONE NORTH CLEMATIS ST STE 200 WEST PALM BEACH, FL 33401

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04/26/07-80102-007 150.00

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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:  _____ **By: Armando A. Tabernilla, V.P.** 4/17/07 561-655-6308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #