

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000101715

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** OCEANS INSURANCE GROUP, INC.

**Current Principal Place of Business:**

13301 SW 132 AVENUE  
#220  
MIAMI, FL 331866188 US

**New Principal Place of Business:**

**Current Mailing Address:**

16275 SW 88TH ST.  
#327  
MIAMI, FL 33196 US

**New Mailing Address:**

**FEI Number:** 20-5336368      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMEZAGA, CLEMENTE M  
15809 SW 103 LANE  
MIAMI, FL 33196 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AMEZAGA, CLEMENTE M  
Address: 15809 SW 103 LANE  
City-St-Zip: MIAMI, FL 33196 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLEMENTE AMENZAGA

PRES

05/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date