


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90015 039 ***150.00

DOCUMENT # P07000021512

1. Entity Name
 OCHO RIOS HOLDING CORP.



Principal Place of Business
 2051 N.W. 15 AVENUE
 MIAMI, FL 33142

Mailing Address
 2051 N.W. 15 AVENUE
 MIAMI, FL 33142

2. Principal Place of Business - No P.O. Box #
 9956 SW 155 CT.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 MIAMI FL

City & State

Zip
 33196

Country



05132008 Chg-P CR2E034 (12/06)

4. FEI Number
 APPLIED FOR

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LUE, ASTON
 9956 S.W. 155 COURT
 MIAMI, FL 33196

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature typed or printed name of registeror agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	P LUE, ASTON 9956 S.W. 155 COURT MIAMI, FL 3196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUE, MICHELLE 9956 S.W. 155 COURT MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  5-13-2008 (305) 975-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #

ATTACHMENT

Ocho Rios Holding Corp
9956 SW 155 Court
Miami, FL 33196

May 13, 2008

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, FL 32314

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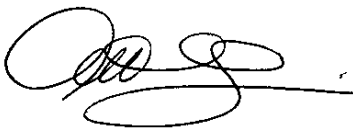
Dear Sir:

This is to state that I have not received the annual report notice and am enclosing the annual report renewal fee, kindly requesting that any penalty be waived for this time only.

Also, please note the change of address.

Thank you!

Sincerely,



Aston Lue
P
For the Secretary