

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000014029

Entity Name: OCEAN WAY CONSULTING, INC.**Current Principal Place of Business:**1191 NORTH OCEAN WAY
PALM BEACH, FL 33480**Current Mailing Address:**1191 NORTH OCEAN WAY
PALM BEACH, FL 33480 US**FEI Number:** 36-4828935**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMBO, PHILIP
1191 NORTH OCEAN WAY
PALM BEACH, FL, FL 33480 US*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**Officer/Director Detail :**

Title	P
Name	CAMBO, PHILIP
Address	1191 NORTH OCEAN WAY
City-State-Zip:	PALM BEACH FL 33480

Title	SEC
Name	CAMBO, PHILIP
Address	1191 NORTH OCEAN WAY
City-State-Zip:	PALM BEACH FL 33480

Title	DIR
Name	LAMOTTE, TIMOTHY
Address	7525 STONEYBROOK DRIVE, UNIT 937
City-State-Zip:	NAPLES FL 34112

Title	TRES
Name	LAMOTTE, TIMOTHY
Address	7525 STONEYBROOK DRIVE, UNIT 937
City-State-Zip:	NAPLES FL 34112

Title	DIR
Name	CAMBO, PHILIP
Address	1191 NORTH OCEAN WAY
City-State-Zip:	PALM BEACH FL 33480

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: TIMOTHY LAMOTTE**TREASURER****01/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date