

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #839951

1. Entity Name  
OCEAN WHISPER INC.



**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90042 042 \*\*\*150.00

Principal Place of Business  
~~8350 SUNSET DRIVE~~ 8350 SUNSET DRIVE  
~~MIAMI, FL 33143~~ MIAMI, FL 33143

Mailing Address  
~~MIAMI, FL 33143~~ P.O. Box 1430165  
MIAMI, FL 33243

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01172008 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0124833

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
PRADO, FRANCISCO 8350 SUNSET DRIVE  
~~MIAMI, FL 33143~~ MIAMI, FL 33143

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRADO-GARCIA, CARLOS		NAME		
STREET ADDRESS	CALLE JJ FERNANDEZ #48		STREET ADDRESS		
CITY-ST-ZIP	MEXICO D.F.,		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVAS-PRADO, LAURA E.		NAME		
STREET ADDRESS	CALLE JJ FERNANDEZ #48		STREET ADDRESS		
CITY-ST-ZIP	MEXICO D.F.,		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORPORATE TRUST N.V.		NAME		
STREET ADDRESS	PIETERMAAI 16-C		STREET ADDRESS		
CITY-ST-ZIP	CURACAO, N.A.,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

*Carlos Prado Garcia*

DATE

*4/09/08*