

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 856341**

1. Entity Name  
**OCEAN GARDEN PRODUCTS, INC.**



Principal Place of Business  
**3585 CORPORATE COURT  
SAN DIEGO, CA 92123**

Mailing Address  
**PO BOX 939092  
SAN DIEGO, CA 92153-9092**



05092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**95-1934920**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DIAZ, ANTONIO
STREET ADDRESS	3585 CORPORATE CT
CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	VCFO
NAME	BARRANCOTO, FRANK J
STREET ADDRESS	3585 CORPORATE COURT
CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	VPM
NAME	FILOSE, JOHN
STREET ADDRESS	3585 CORPORATE COURT
CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	VPO
NAME	MITRE, EMILIO
STREET ADDRESS	3585 CORPORATE COURT
CITY-ST-ZIP	SAN DIEGO, CA 92123
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80094-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Frank J Barrancotto*  
**Frank J Barrancotto, CEO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05-09-2006 858-571-5002**  
Date Daytime Phone #