## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 11, 2005 08:00 AM Secretary of State **DOCUMENT # F04000003315** 7 OCEAN GROUP INC. Principal Place of Business Mailing Address 5110 111TH STREET 3RD FLOOR 5110 111TH STREET 3RD FLOOR CORONA, NY 11368 CORONA, NY 11368 CR2E034 (10/03) 03012005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0693255 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANN & WOLF, LLP DO NOT WRITE 4300 N. UNIVERSITY DR., STE. C-203 SUNRISE, FL 33351 IN THIS SPACE 5. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTC TITLE NAME PORTO, REGINALD 2351 WHITE OAK COURT STREET ADDRESS CITY-ST-ZIP EAST ELMHURST, NY 11370 000000297775 04/11/05-80041-019 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the Information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 fike empowered.

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**