

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000802

Entity Name: OCAI COMPANY INC.

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2644 CAPITOL TRAIL SUITE 206  
NEWARK, DE 19711

**New Principal Place of Business:**

**Current Mailing Address:**

5000 SAWGRASS VILLAGE CIRCLE #3  
PONTE VEDRA BCH, FL 32082

**New Mailing Address:**

FEI Number: 51-0372744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUSS, JOHN S IV  
4348 SOUTHPOINT BLVD.  
SUITE 101  
JACKSONVILLE, FL 322573221 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: LAZZARA, GASPER  
Address: 5000 SAWGRASS VILLAGE CIRCLE SUITE 3  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D  
Name: LAZZARA, IRENE  
Address: 5000 SAWGRASS VILLAGE CIRCLE SUITE 3  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DS  
Name: MONTGOMERY, FRANKLIN  
Address: 30 VESEY STREET, 7TH FLOOR  
City-St-Zip: NEW YORK, NY 10007

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: GASPER LAZZARA

DP

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date