2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F76677

1. Entity Name
OZAMA INVESTMENT CORPORATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 530903	P.O. BOX 530903
MIAMI SHORES, FL 33153 US	MIAMI SHORES, FL 33153 US

DO NOT WRITE IN THIS SPACE

04272007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-2183740		Not Applicable
5. Certificate of Status Desired	☒	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORES, LISA C
12300 N E MIAMI PLACE
N MIAMI, FL 33161

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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
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
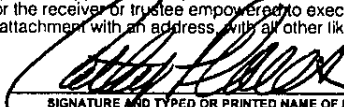Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FLORES, MARC J.
STREET ADDRESS	12300 NE MIAMI PLACE
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	V
NAME	FLORES, CATHY
STREET ADDRESS	12300 NE MIAMI PLACE
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	S
NAME	FLORES, LISA C
STREET ADDRESS	12300 NE MIAMI PLACE
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/07-80007-022 158.75

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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: _____   4/30/07 (305)542-7002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #