

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90047 002 \*\*\*158.75

<b>DOCUMENT # G16231</b> 1. Entity Name <b>OTICENTRO, INC.</b>					
Principal Place of Business <b>1470 N.W. 107TH AVE., SUITE "M"</b> <b>MIAMI, FL 33172</b>			Mailing Address <b>12052 S.W. 10TH TERRACE</b> <b>MIAMI, FL 33184</b>		
2. Principal Place of Business - No P.O. Box # <b>12060 SW 10TH TERRACE</b>		3. Mailing Address <b>12060 SW 10TH TERRACE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI, FL.</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>59-2262526</b>	
Zip <b>33184</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEREZ-RANGEL, DOMINGO A</b> <b>1470 N.W. 107TH AVE., SUITE "M"</b> <b>MIAMI, FL 33172</b>		7. Name and Address of New Registered Agent Name <b>MARTA E. MEDINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>12060 SW 10TH TERRACE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33184</b>			
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 <b>MARTA E. MEDINA</b> <i>[Signature]</i> <b>APRIL 08/2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>PEREZ-RANGEL, DOMINGO A</b> <b>1470 N.W. 107TH AVE., SUITE "M"</b> <b>MIAMI, FL 33189</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD <b>PEREZ-RANGEL DOMINGO A.</b> <b>12060 SW 10TH TERRACE</b> <b>MIAMI - FL - 33184</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTA E. MEDINA <b>12060 SW 10TH TERRACE</b> <b>MIAMI - FL - 33184</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTA E. MEDINA <b>12060 SW 10TH TERRACE</b> <b>MIAMI - FL - 33184</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTA E. MEDINA <b>12060 SW 10TH TERRACE</b> <b>MIAMI - FL - 33184</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTA E. MEDINA <b>12060 SW 10TH TERRACE</b> <b>MIAMI - FL - 33184</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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, or in an other like empowered.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>DOMINGO A. PEREZ-RANGEL</b> <b>APR 15-08 (305) 599-1528</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					