


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90091 010 ***150.00

DOCUMENT # J 25607	
1. Entity Name Ocorab Investments, Inc	

DO NOT WRITE IN THIS SPACE

20015367

2. Principal Place of Business PO Box 17898	3. Mailing Address PO Box 17898
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State PENSACOLA FL	City & State PENSACOLA FL	4. FEI Number 59-7696781	Applied For <input type="checkbox"/> Not Applicable
Zip 32511-7898	Country ESCAMBIA	Zip 32511-7898	Country ESCAMBIA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Julia M. Baroco
Street Address (P.O. Box Number is Not Acceptable) 6706 North 9th Ave Suite A-3
City PENSACOLA, FL
Zip Code 32514

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 Julia M. Baroco	DATE 3/10/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP Julia M. Baroco, Pres/30c 6706 North 9th Ave Suite A-3 PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Julia M. Baroco	DATE 3/10/06	DAYTIME PHONE 850 4321691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034B (12/02)