


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

39719

<b>DOCUMENT # K17237</b> 1. Entity Name <b>OCEAN GOURMET PRODUCTS, INC.</b>	
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Principal Place of Business <b>1951 NW 22 STREET FT LAUDERDALE, FL 33311</b>	Mailing Address <b>1951 NW 22 STREET FT LAUDERDALE, FL 33311</b>
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03022004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0934141</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WU, SHIH TZA 1951 NW 22 ST FT LAUDERDALE, FL 33311</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>000000107019 04/08/04-80040-011 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WU, SHIH TZA 1951 NW 22 STREET FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD BUCHER, JOHN C. 1951 NW 22 STREET FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD WU, TSAI HUI HSU 1951 NW 22 STREET FT. LAUDERALE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John C. Bucher VP 4/02/04 954-484-7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #