


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

4/

04-26-2007 90202 004 \*\*\*150.00

<b>DOCUMENT # K17237</b> 1. Entity Name OCEAN GOURMET PRODUCTS, INC.	
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Principal Place of Business 1951 NW 22 STREET FT LAUDERDALE, FL 33311	Mailing Address 1951 NW 22 STREET FT LAUDERDALE, FL 33311
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04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0934141	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WU, SHIH TZA 1951 NW 22 ST FT LAUDERDALE, FL 33311
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**DO NOT WRITE  
IN THIS SPACE**

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 reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

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	

**DO NOT WRITE  
IN THIS SPACE**

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:  5/8/07 954-4847500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #