2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2005 8:00 am Secretary of State

1. Entity Nam OCEAN A	AUTO CENTER, INC. te of Business 2TH ST.	Mailing Address 9675 N.W. 12TH ST. MIAMI, FL 33172					90105 014 ***1	
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Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03292005	Chg-P	CR2E034 (10/03)	
City & State		City & State	City & State		4. FEI Number 65-0106	532		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Curre	nt Registered Agent	<u> </u>		7. Name and A	ddress of New Re	gistered Agent	
DE1 00	ADD ANTOLOU		Name					
DEL COLLADO, ANTOLIN 850 NW LEJEUNE RD. MIAMI, FL 33136				Street Address (P.O. Box Number is Not Acceptable)				
HAIDAINII, TE	. 			01	75 X1	\. 10°	# 67	
				9675 N.W. 12th ST. City MIAMI FL Zip Code 173				3172
8. The above the obligat	named entity submits this statemen tions of registered agent.	t for the purpose of changing it	s registered	d office or registe	ered agent, or both,	in the State of Flor		
SIGNATURE_	Signature, typed or printed name of registered ag	iont and title if emplicable (NO	TE: Paristared	Agent signature require	nd when rainetailed		DATE	
	Signature, typed or printed trained or registered ag	port and pate in applications. (No	TE. Negisterau /	Agent signature require	ed when remedating)		DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55	9. Election Camp Trust Fund Cor		~ — **	5.00 May Be ded to Fees			
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTORS	S IN 11
TITLE	S	□ Delete	TITLE		ABBITIONS/C	IANGES TO GITTE	Change	Addition
NAME	DEL COLLADO, ANTOLIN-	_ 55,5,7	NAME			+		_ , walking
STREET ADDRESS	950 NW LEJEUNE RD. 3		STREET	ADDRESS 9	675 N.h	1. 12/3 57	r.	
CITY-ST-ZIP	MIAMI, FL=33186		CITY-S	ST-ZIP ~	IIÁMT,	FL. 33	172	
TITLE	D	Delete	TITLE	0/	P		Change	☐ Addition
NAME	GARCIA, SERAFIN		NAME	رم	675 N. h	1 12 1/2 5	7~	
STREET ADDRESS CITY-ST-ZIP	MIAMILEL 33196		STREET CITY - S		_			
	P		CHT-S	SI-ZIP 3		, ~~~ <i>,</i>	1	
TITLE NAME		——————————————————————————————————————			liami, F	<u> </u>		
10.4772	[]	Delete	TITLE		HAMI, F	<u></u>	☐ Change	☐ Addition
STREET ADDRESS	MARTINEZ, JUAN M	Delete	NAME	T ADDRESS	HAMI, F	<u></u>	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	[]	Delete	NAME	T ADORESS	HAMI, F		☐ Change	Addition
CITY-ST-ZIP TITLE	MARTINEZ, JUAN M 850 NE LEJEUNE RD	Delete	NAME STREET CITY-S TITLE	T ADORESS	IIAM I , F		☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME	MARTINEZ, JUAN M 850 NE LEJEUNE RD		NAME STREET CITY'S TITLE NAME	T ADORESS ST-ZIP	HAMI, E			
CITY-ST-ZIP TITLE	MARTINEZ, JUAN M 850 NE LEJEUNE RD		NAME STREET CITY'S TITLE NAME	I ADDRESS IT ZIP	11AM 1 , F			
CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-S1-ZIP	MARTINEZ, JUAN M 850 NE LEJEUNE RD	☐ Delete	NAME STREET CITY:S TITLE NAME STREET CITY:S	I ADDRESS IT ZIP	IIAM I , F		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MARTINEZ, JUAN M 850 NE LEJEUNE RD		NAME STREET CITY-S TITLE NAME STREET	I ADDRESS IT ZIP	IIAM I , F			
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