
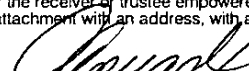


**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

<h1 style="margin: 0;">DOCUMENT # K76220</h1>			
<b>1. Entity Name</b> OCEAN AUTO CENTER, INC.			
<b>Principal Place of Business</b> 9675 N.W. 12TH ST. MIAMI, FL 33172		<b>Mailing Address</b> 9675 N.W. 12TH ST. MIAMI, FL 33172	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
DEL COLLADO, ANTOLIN 9675 N.W. 12TH ST MIAMI, FL 33172		Name	
		Street Address	
		City	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5</b> Ad. <b>Ad.</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>S</b> <input type="checkbox"/> Delete	<b>TITLE</b>	
<b>NAME</b>	DEL COLLADO, ANTOLIN	<b>NAME</b>	
<b>STREET ADDRESS</b>	9675 N.W. 12TH ST	<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	MIAMI, FL 33172	<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<b>D/P</b> <input type="checkbox"/> Delete	<b>TITLE</b>	
<b>NAME</b>	GARCIA, SERAFIN	<b>NAME</b>	
<b>STREET ADDRESS</b>	9675 N.W. 12TH ST	<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	MIAMI, FL 33172	<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 606, F.S., as amended, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 		<b>ANTOLIN DEL COLLADO</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			