

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90175 050 ***150.00

DOCUMENT # K99867

1. Entity Name
OCEANBISCAYNE CORP.



Principal Place of Business
**C/O MURAI, WALD, BIONDO, MATTHEWS ET AL
25 SE 2ND AVE., 900 INGRAHAM BLDG.
MIAMI, FL 33131**

Mailing Address
**C/O MURAI, WALD, BIONDO, MATTHEWS ET AL
25 SE 2ND AVE., 900 INGRAHAM BLDG.
MIAMI, FL 33131**

20055898



2. Principal Place of Business

Two Alhambra Plaza

Suite, Apt. #, etc.
Penthouse 1B

City & State
Coral Gables, FL

Zip
33134

Country
US

3. Mailing Address

Two Alhambra Plaza

Suite, Apt. #, etc.
Penthouse 1B

City & State
Coral Gables, FL

Zip
33134

Country
US

01192005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0137327

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURAI, WALD, BIONDO & MORENO, PA
900 INGRAHAM BLDG.
25 SOUTHEAST 2ND AVE.
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Murai Wald Biondo Moreno & Brachin, P.A.
Street Address (P.O. Box Number is Not Acceptable)

**Two Alhambra Plaza, Penthouse 1B
Coral Gables, FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable

Rene V. Murai

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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
**DP
MURAI, RENE V.
25 SE SECOND AVE., #900
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
MORENO, M. CRISTINA
25 SE SECOND AVE., #900
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Murai, Rene V.
Two Alhambra Plaza, Penthouse 1B
Coral Gables, FL 33134** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
Moreno, M. Cristina
Two Alhambra Plaza, Penthouse 1B
Coral Gables, FL 33134** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rene V. Murai, Pres

Date

Daytime Phone #

(205) 444-0101

(094mm)