

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

05-03-2005 90175 003 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

20055894



03042005 Chg-P CR2E034 (10/03)

DOCUMENT # L43527 1. Entity Name OCEAN DALEN (USA), INC.	
--	--

Principal Place of Business % MURAI, WALD, BIONDO & MORENO, P.A. 25 S.E. 2ND AVE., 900 INGRAHAM BLDG. MIAMI, FL 33131	Mailing Address % MURAI, WALD, BIONDO & MORENO, P.A. 25 S.E. 2ND AVE., 900 INGRAHAM BLDG. MIAMI, FL 33131
---	---

2. Principal Place of Business Two Alhambra Plaza Suite, Apt. #, etc. Penthouse 1B	3. Mailing Address Two Alhambra Plaza Suite, Apt. #, etc. Penthouse 1B
---	---

City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134	Zip 33134
Country US	Country US

6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. 25 SE 2ND AVE. 900 INGRAHAM BLDG. MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Murai Wald Biondo Moreno & Brochin, P.A. Street Address (R.O. Box Number is Not Acceptable) Two Alhambra Plaza Penthouse 1B City Coral Gables FL Zip Code 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: *Rene V. Murai* **Rene V. Murai** DATE: **4/8/05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	MURAI, RENE V. <input type="checkbox"/> Delete	TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURAI, RENE V.	NAME	Murai, Rene V.
STREET ADDRESS	25 SE 2ND AVE.	STREET ADDRESS	Two Alhambra Plaza, Penthouse 1B
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORENO, CRISTINA	NAME	MORENO, CRISTINA
STREET ADDRESS	25 SE 2ND AVE., STE 900	STREET ADDRESS	Two Alhambra Plaza, Penthouse 1B
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Rene V. Murai* **Rene V. Murai, President** DATE: **4/8/05** 305-444-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #