


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L47314</b> 1. Entity Name OCEANIC BLOODSTOCK, INC.	
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Principal Place of Business 620 E. DILIDO DR. DILIDO ISLAND MIAMI BCH., FL 33139 US	Mailing Address 620 E. DILIDO DR. DILIDO ISLAND MIAMI BCH., FL 33139 US
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**DO NOT WRITE IN THIS SPACE**



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0237697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LUSTIG, ROY R. 2600 DOUGLAS RD. 911 DOUGLAS CENTRE CORAL GABLES, FL 33134
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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000270068 03/19/05-80035-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ZEROLO, MICHEL 620 E. DILIDO DR. MIAMI BEACH, FL 33139
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE:  03/04/05 (25) 538-1080  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #