


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L47314 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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03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0237697	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHWARTZ, ROY I 5307 NW 118 AVE. CORAL SPRINGS, FL 33076	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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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03/26/08-80075-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michel Zerolo **3/6/2008** **305 538 2080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #