2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # L47384 1. Entity Name 04-18-2007 90176 003 ***150 00 LAL OCEAN, INC. Principal Place of Business Mailing Address 1319 GARFIELD ST HALLANDALE FL 33009 HOLLYWOOD FL 33019 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 614-622 Northeast 8th St. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0177855 Hallandale Not Applicable Zip 7in Country \$8.75 Additional 5. Certificate of Status Desired USA. 33009 Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORENSTEIN, ARNOLD 1319 GARFIELD STREET Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33019 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 againt. Arnold Overstein V.P. aryg of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 fille ☐ Delete HILE Addition ORENSTEIN, LORETTE Orenstein Lorette 1319 Garfield St. NAME NAME 800 N FEDERAL HWY-STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CHY-SI-ZIP CITY ST 7IP Hollywood FL 11110 ☐ Defete HIII ☐ Change Addition ORENSTEIN, ARNOLD 1319 GARFIELD ST STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CHY-ST-ZIP CHY ST 7IP DHE ☐ Delete ☐ Change ■ Addition NAMI NAMI STREE LADURESS STREET ADDRESS CHY-ST-ZIP COY-ST ZIP THE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-7(P ☐ Delete Change Addition NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-70 ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 addless, with all other like empowered.

SIGNATURE:

Arnold Oreustein VP. 4/000

FILED