

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90059 010 ***150.00

DOCUMENT # M09266 1. Entity Name OCAMPO & ASSOCIATES INC.			
Principal Place of Business 817 S UNIVERSITY DR #109 PLANTATION, FL 33324 US		Mailing Address 817 S UNIVERSITY DR #109 PLANTATION, FL 33324 US	
2. Principal Place of Business - No P.O. Box # 417 S.W. California Ave Suite, Apt. #, etc.		3. Mailing Address 417 S.W. California Ave Suite, Apt. #, etc.	
City & State Stuart Florida Zip 34994		City & State Stuart Florida Zip 34994	
Country USA		Country USA	
4. FEI Number 59-2479379		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANTOR, SAMUEL J ESQ. 2499 GLADES RD SUITE # 210 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OCAMPO, RAUL, JR. 817 S UNIVERSITY DR #109 PLANTATION, FL 33324	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	417 S.W. California Ave Stuart, FL 34994	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 4/1/08 Time: 7:22-286-9004	