

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M37017

FILED
Jan 13, 2009
Secretary of State

Entity Name: OVERSEAS FINANCIAL CORPORATION

Current Principal Place of Business:

16500 COLLINS AV.
753
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 025323 CCS 257
MIAMI, FL 331025323 US

New Mailing Address:

FEI Number: 59-2714702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, ALFREDO J
16500 COLLINS AV.
753
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMIREZ, ALFREDO J
Address: 16500 COLLINS AV
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: STD () Delete
Name: RAMIREZ, MARTHA O
Address: 16500 COLLINS AV
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: DIR () Delete
Name: RAMIREZ, JUAN C
Address: 11437 NW 62ND TERR #229
City-St-Zip: DORAL, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: RAMIREZ, ALFREDO J
Address: 11437 NW 62ND TERR #229
City-St-Zip: DORAL, FL 33178 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO J RAMIREZ

PD

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date