2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2004
Secretary of State

DOCUMENT# N02000004255

Entity Name: O.C.A.C.H., INC.

Current Principal Place of Business:

2897 POST STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

2897 POST STREET
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 43-1998799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BELIZAIRE, JOCELIN
2897 POST STREET
JACKSONVILLE, FL 32205 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BELIZAIRE, JOCELIN
Address: 2897 POST STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: TD ( ) Delete
Name: PIERRE, ANTONIO
Address: 1042 ANTISDALE STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD ( ) Delete
Name: BELIZAIRE, JOSIANISE
Address: 3239 JUSTINA TERR #7
City-St-Zip: JACKSONVILLE, FL 32277

Title: ATD ( ) Delete
Name: JEEOME, JOHN
Address: 7617 QUIGINA DR
City-St-Zip: JACKSONVILLE, FL 32277

Title: AS ( ) Delete
Name: MICHEL, RIVEAU
Address: 2676 CANYON FALLS DR
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOCELIN BELIZAIRE D 09/07/2004
Electronic Signature of Signing Officer or Director — Date