


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N27248 1. Entity Name OCEAN EMPLOYEE CLUB, INC.	
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Principal Place of Business C/O LUIS A. CONSUEGRA, ESQ. 780 N.W. 42ND AVENUE, SUITE 300 MIAMI, FL 33126	Mailing Address C/O LUIS A. CONSUEGRA, ESQ. 780 N.W. 42ND AVENUE, SUITE 300 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0069741	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONSUEGRA, LUIS A. 780 N.W. 42ND AVENUE SUITE 300 MIAMI, FL 33126

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IN THIS SPACE**

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>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	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	PVTD AGUIRRE, BENIGNO 780 NW 42 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD CONSUEGRA, LUIS A 780 NW 42ND AVENUE MIAMI, FL
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04/30/07-80009-024 70.00

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 617, 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: <u>Luis A. Consuegra</u> 4/7/07 (305) 569-5453	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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