

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90121 037 ****70.00

DOCUMENT # N27248

1. Entity Name
OCEAN EMPLOYEE CLUB, INC.



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

40081588



DO NOT WRITE IN THIS SPACE

04112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0069741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVTD
NAME	AGUIRRE, BENIGNO
STREET ADDRESS	780 NW 42 AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	CONSUEGRA, LUIS A
STREET ADDRESS	780 NW 42ND AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Luis A. Consuegra Luis A. Consuegra 4/28/08 (305) 569-5453