

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000022495

Entity Name: 1003 OCEAN TWO, INC.

FILED
Mar 29, 2005
Secretary of State

Current Principal Place of Business:

2588 SW 27 AVE
MIAMI, FL 33133

New Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

Current Mailing Address:

2588 SW 27 AVE
MIAMI, FL 33133

New Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

FEI Number: 65-1023696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2588 SW 27 AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

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: ANTONIO GARCIA

03/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: APELOIG, MARCEL
Address: 2588 SW 27 AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: APELOIG, SILVIA
Address: 2588 SW 27 AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: APELOIG, GABRIELA
Address: 2588 SW 27 AVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: APELOIG, MARCEL
Address: 2121 PONCE DE LEON BLVD. #1050
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: APELOIG, SILVIA
Address: 2121 PONCE DE LEON BLVD. # 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: APELOIG, GABRIELA
Address: 2121 PONCE DE LEON BLVD 1050
City-St-Zip: CORAL GABLES, FL 33134

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCEL APELOIG

D

03/29/2005

Electronic Signature of Signing Officer or Director

Date