

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90501 039 \*\*\*150.00

**DOCUMENT # P00000023962**

1. Entity Name  
**OCEANVIEW INT'L REALTY, INC.**



Principal Place of Business  
**11900  
12550 BISCAYNE BLVD.  
SUITE 407 200  
NORTH MIAMI, FL 33181 US**

Mailing Address  
**11900  
12550 BISCAYNE BLVD.  
SUITE 407 200  
NORTH MIAMI, FL 33181 US**

**54039961**



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1002200</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**5. Name and Address of Current Registered Agent:**

**CONCEPCION, YOLANDA MARIA ESQ  
12550 BISCAYNE BLVD. 11900 BISCAYNE BLVD.  
SUITE 407 SUITE 270  
NORTH MIAMI, FL 33181 N. MIAMI, FL 33181**

**DO NOT WRITE  
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 *Yolanda Concepcion, ESQ.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-14-04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>DPTS</b>
NAME	<b>DIAZ, YOLANDA CONCEPCION</b>
STREET ADDRESS	<b>12550 BISCAYNE BLVD., SUITE 407 11900 Biscayne CITY-ST-ZIP</b> <b>NORTH MIAMI, FL 33181 Blvd., #200</b>

TITLE	<b>VICE-PRESIDENT</b>
NAME	<b>DIAZ, ARMANDO</b>
STREET ADDRESS	<b>11900 BISCAYNE BLVD., #200</b>
CITY-ST-ZIP	<b>N. MIAMI, FL 33181</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Yolanda Concepcion*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**YOLANDA CONCEPCION - DIAZ**

**4/14/04**

Date

**305-781-3131**

Daytime Phone #