

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000023962

**FILED**  
**Jun 11, 2007**  
**Secretary of State****Entity Name:** OCEANVIEW INT'L REALTY, INC.**Current Principal Place of Business:**11900 BISCAYNE BLVD.  
SUITE 200  
NORTH MIAMI, FL 33181 US**New Principal Place of Business:**1200 NE 125TH STREET  
NORTH MIAMI, FL 33161 US**Current Mailing Address:**11900 BISCAYNE BLVD.  
SUITE 200  
NORTH MIAMI, FL 33181 US**New Mailing Address:**1200 NE 125TH STREET  
NORTH MIAMI, FL 33161 US**FEI Number:** 65-1002200**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CONCEPCION, YOLANDA MARIA ESQ  
11900 BISCAYNE BLVD.  
SUITE 264  
NORTH MIAMI, FL 33181 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:** DPTS ( ) Delete  
**Name:** CONCEPCION, YOLANDA M  
**Address:** 11900 BISCAYNE BLVD., #200  
**City-St-Zip:** NORTH MIAMI, FL 33181**Title:** VP (X) Delete  
**Name:** DIAZ, ARMANDO  
**Address:** 11900 BISCAYNE BLVD., #200  
**City-St-Zip:** NORTH MIAMI, FL 33181**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DPTS (X) Change ( ) Addition  
**Name:** CONCEPCION, YOLANDA M  
**Address:** 1200 NE 125TH STREET  
**City-St-Zip:** NORTH MIAMI, FL 33161**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: YOLANDA M. CONCEPCION

DPTS

06/11/2007

Electronic Signature of Signing Officer or Director

Date