


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 90561 038 \*\*\*150.00

<b>DOCUMENT # P0000050585</b>	
1. Entity Name <b>OCEANMAR WAREHOUSE, INC.</b>	

Principal Place of Business <b>5779 NW 1ST STREET MIAMI LAKES FL 33014</b>	Mailing Address <b>5779 NW 1ST STREET MIAMI LAKES FL 33014</b>
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2. Principal Place of Business <b>14160 PALMETTO FRONTAGE RD. Suite, Apt. #, etc. SUITE 21</b>	3. Mailing Address <b>14160 PALMETTO FRONTAGE RD. Suite, Apt. #, etc. SUITE # 21</b>
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City & State <b>MIAMI LAKES - FL.</b>	City & State <b>MIAMI LAKES - FL.</b>
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Zip <b>33016</b>	Country <b>U.S.</b>	Zip <b>33016</b>	Country <b>FLORIDA</b>
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MOORE CR2E034 (11/03)

4. FEI Number <b>65-1009210</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CAPARROS, MARTIN JR 5779 NW 151 STREET MIAMI LAKES FL 33014</b>	Name <b>CAPARROS, MARTIN JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14160 PALMETTO FRONTAGE RD. STE. #21</b> City <b>MIAMI LAKES</b> FL Zip Code <b>33016</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPARROS, MARTIN SR 5779 NW 151 STREET MIAMI LAKES FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPARROS, MARTIN SR. 14160 PALMETTO FRONTAGE RD. STE. 21 MIAMI LAKES - FL. 33016 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPARROS, PATRICIA 5779 NW 151 STREET MIAMI LAKES FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPARROS, PATRICIA 14160 PALMETTO FRONTAGE RD. STE. 21 MIAMI LAKES - FL. 33016 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Martin Caparros  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #