

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90361 008 ***150.00

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1. Entity Name
OCEAN LABS, INC.



Principal Place of Business
5921 SW 85 AVE
MIAMI, FL 33143

Mailing Address
5921 SW 85 AVE
MIAMI, FL 33143

2. Principal Place of Business

900 NW 17th ST
Suite, Apt. #, etc.

3. Mailing Address

900 NW 17th ST
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33136

Country

Zip

33136

Country

03142006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0128487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, ANGEL J
5921 SW 85 AVE
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
CEO
PEREZ, ANGEL J
5921 SW 85 AVE
MIAMI, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
PEREZ, ANNETTE M
5921 SW 85 AVE
MIAMI, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
PEREZ, ANA I
5921 SW 85 AVE
MIAMI, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
PEREZ, ANGEL G
5921 SW 85 AVE
MIAMI, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06

Date

Daytime Phone #