APR-21-05 THU 02:53 PM FAX:

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90105 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000084699

1. Entity Name

OCEAN PLASTIC INC

Principal Place of Business / Mailing Address

221 gran Canal Drive
Miami Fl 33144

14016346

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

01312005 Chg-P CR2E034 (10/03)

City & State | City & State

4. FEI Number
65-1037805
☐ Applied For
☐ Not Applicable

Zip | Country | Zip | Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Ernesto Ruiz
221 Gran Canal Drive
Miami Fl 33144

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: 4-22-05
Date

NOTE: Registered Agent signature required when changing

FILE NOW!! FEE IS $150.00
After May 1, 2005 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-ST-ZIP	P PD TS Ernesto Ruiz 221 Gran Canal DR Miami Fl 33144 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ST Steve Vallecillo 221 Gran Canal DR Miami Fl 33144 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

4-22-05
Date

SIGNATURE: Ernesto Ruiz
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR