FILED Jun 03, 2005 8:00 am Secretary of State 06-03-2005 90004 038 ***150.00

DOCUMENT # P00000117021 1. Entity Name OKEANIS, INC.					06-03-2003 90004 038 ****150.00	
Principal Place of 6	Business	Mailing Address				
5161 COLLINS AV	VE	5161 COLLINS AVE			50053362	
1010		1010			4000004	
MIAMI BEACH, FL 33140		MIAMI BEACH, FL 33140		•		
2. Principal Place of Business		3. Mailing Address] FINDTITUS ST. DOM BENT OND THE OTTO KIND HARD HARD HARD HARD HARD HARD TO HARD	
Suite, Apt. #, et	tg.	Suite, Apt. #, etc.			02032005 Chg-P CR2E034 (10/03)	
City & State		City & State			4. FEI Number Applied For 65-1064291 Not Applied For	
Zip	Country	Zip	Count	try	Centificate of Status Desired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
				Name GT	AMPIERO DI -PERSIA	
150 SE 2ND A	NDLER RESQ		Ì		P.O. Box Number is Not Acceptable)	
MIAMI, FL 33131		51		5161	COLLINS AVE #1010	
	<u> </u>			City MIAM	II BEACH FL Zip Code	
8. The above named entity submittents 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.						
the obligations of registered agent. SIGNATURE Signature, hood or princip name of registered agent and tide if applicable. (NOTE: Registered Agent stoneture required when renations) PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees						
Signature, typical or privileg name of indifferent against and late if applicable. (MOTE: Registered Against algorithms required when rematations) DATE						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be						
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D		Delete 🔭	IIILE		Change Additi	
1 1	PERSIA GIAMPIERO		NAME	E Et adoress		
	61 COLLINS AVE #1010 IAMI BEACH, FL 33140			ST-ZP		
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NAME			NAAG	_		
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STREET ADDRESS			57703	ET ADORESS		
CITY-ST-ZIP			CITY-	-ST-ZIP		
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NAME STREET ADDRESS			NAME	ET ADORESS		
CITY-ST-28			1	-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addilio	
NAME			NAME	- 1		
STREET ADDRESS	4 -	^		ET ADDRESS		
CITY-57-20P				-S1-2#		
12. I hereby certificated on t	12. I hereby certify that the information supplied with this sting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental spools is true and specurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director.					
of the corporation or the receiver or trustee encowerfid 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 a clother like empowered.						
SIGNATURE: GUARANTE GUARANTE DE GUARANTE DE PERSIA 04/25/05 305 5763636						