

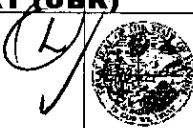
FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90166 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000007128

1. Entity Name
OCHUN'S IMPORT & EXPORT, INC.



90142105

Principal Place of Business Mailing Address
18400 NW 62ND AVE., #405 18400 NW 62ND AVE., #405
MIAMI, FL 33015 MIAMI, FL 33015

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1069093		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
CATALA, MARTA 18400 NW 62ND AVE., #405 MIAMI, FL 33015		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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

FILE NOW!! FEES \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATALA, MARTA 18400 NW 62ND AVE., #405 MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHOW, KWONG P 15942 NW 48TH AVE. MIAMI, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 in an attachment with an address, with all other like employed.

SIGNATURE: Marta C. Catala 7/8/03 305-634-7469
NAME AND TITLE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CH2E034 (10/02)

Attachment
90142105

July 7, 2003

Division of Corporations
Uniform Business Reports
P.O. Box 1500
Tallahassee, Florida 32302-1500

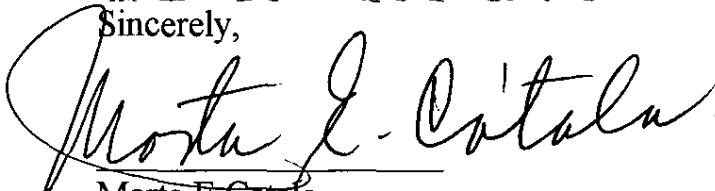
Re: Annual Report
Ochun's Import & Export, Inc.
Certificate # P 01000007128

Attached please find annual Renewal Report for the above mentioned corporation and the check in the amount of \$ 150.00 Fees.

Please accept the 150.00 Dollars payment and waive the penalty for being late due to the fact that we did not received the Uniform Business Report on time to be filed.

If further information is needed please contact me.

Sincerely,



Marta E Catala
3533 NW 17th Avenue
Miami, Florida 33142