## 2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCÜMENT # P01000011696

1. Entity Name

OCEAN PLASTERING OCORP



FILED

04 NOV -4 PM 2: 28

Principal Place of Business		Mailing Address			') SECRETARO	rta STA	îTE 💮			
8465 NW 168 Terr		8465 NW 168 Terr		ALX.	TALLAHASS	EE, FLOI	ACIF			
Mism9, F1 33016		Miami, F1 33016		NA.	• 1 100108371 010 10103 10071 10071 700810 1	EN OVEN CION E		11 <b>3</b> 1011 1801		
2. Principal P	lace of Business	3. Mailing Address				**************************************		LE MINITE EMBI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		$\neg \mid$ $\land$	MENDED	MAKING	1/4/49E	.25		
City & State		City & State		4. 1	El Number		Apr	olied For	]	
Same asa bove		Sam e as aboveS			65-1076542		Not	Applicable	]	
Zip	Country	Zip	Country	5. (	Certificate of Status Desired		.75 Addi Required			
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Reg	istered Age	nt		1	
			Name						1	
P. 1			<del></del>	• 32=32:75075					_	
Eulogio Morales 8465 NW 168 Terr			Street A	Street Address (P.O. Box Number is Not Acceptable)						
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· MIAMI	, F1 33016						7:- 0		┨	
		· · · · · · · · · · · · · · · · · · ·	City			FL	Zip Code	<b>!</b>	ļ	
	named entity submits this statement for	or the purpose of changing its	registered office or	registered ag	ent, or both, in the State of Florid	da. I am fam	iliar with, a	and accept	1	
the obligat	ions of registered agent.								1	
SIGNATURE .	·	•						•		
orandione.	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent signat	ure required when re	einstating)	DATE		<del></del>		
	ILE NOW!!! FEE IS \$150.00	1.00							1	
	May 1, 2003 Fee will be \$550.00				9. Election Campaign Finar	· -		May Be		
	Payable to Florida Department of				Trust Fund Contribution.	Ц	Added	to Fees	1	
10.	OFFICERS AND	DIRECTORS	11.	AC	DITIONS/CHANGES TO OFFIC	ERS AND DI	RECTORS	SIN 11	1	
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HAME			NAME	1						

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.

CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Sept 1/04

Daytime Phone #