

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90545 001 *2,850.00

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

DOCUMENT # P01000041858

1. Entity Name
OCEANMAR WAREHOUSE II, INC.



Principal Place of Business
 10221 E. BROADVIEW DRIVE
 BAY HARBOR ISLANDS, FL 33154

Mailing Address
 10221 E. BROADVIEW DRIVE
 BAY HARBOR ISLANDS, FL 33154

55041566

2. Principal Place of Business
 4855 Pinetree Dr
 Suite, Apt. #, etc.

3. Mailing Address
 4855 Pinetree Dr.
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
 miami, FL

City & State
 miami, FL

4. FEI Number
 65-1102237

Applied For
 Not Applicable

Zip
 33140

Zip
 33140

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

6. Name and Address of Current Registered Agent

CAPARROS, MARTIN JR
 10221 E. BROADVIEW DRIVE
 BAY HARBOR ISLANDS, FL 33154

7. Name and Address of New Registered Agent

Name
 Martin Caparros
 Street Address (P.O. Box Number is Not Acceptable)
 4855 Pinetree Dr.
 City
 miami, FL Zip Code
 Beach FL 33140

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
Martin Caparros

(NOTE: Registered Agent's signature required when resigning)

DATE
 5/1/03

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	CAPARROS, MARTIN JR	10221 E. BROADVIEW DRIVE	BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Martin Caparros	4855 Pinetree Dr.	miami, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

305-785-1397

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.

SIGNATURE
Martin Caparros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
 5/1/03

Daytime Phone #

CFR2E034 (10/02)