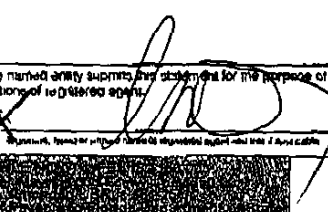
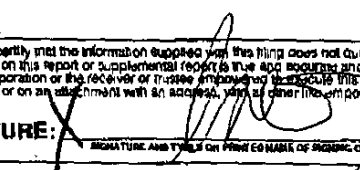


FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 AUG 27 PM 4:47

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

DOCUMENT # P01000045775			
1. Entity Name OCRM, INC.			
Principal Place of Business 1728 N.E. LAMBROUGHT ST TAMPA, FL 33610		Mailing Address 8717 P.O. BOX TAMPA, FL 33674	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FET Number 59-3722150		Applied For Not Applicable	
5. Certificate of Status Deemed		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINO, THOMAS ESQ 2708 W. KENNEDY BLVD. TAMPA, FL 33603		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: 		DATE: 08-24-2003	
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 D OLAH, CSABA 7910 N. HIGHLAND ST. TAMPA, FL 33604		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information included 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 Book 10 or Block 11 if changed, or on an attachment with an address, name, or other identifying powers.			
SIGNATURE: 		DATE: 08-24-2003	

CHARGE
\$150.00

O. C. R. M. INC

2003 Patterson St.
Tampa, FL 33610

Telephone (813) 293-3512
Fax (813) 231-5859

Date: Aug 26, 2003

To: Vargas, Zion, & Kahane, P.A.
From: Csaba Olah

Subj: Reply Concerning Fax on Aug 25, 2003

Email: Csabaolah2003@yahoo.com

Comments:

This letter is being sent to indicate that I never received an annual report and need the fee to be waived. Your assistance would be appreciated.

Thank you,

Mr. Csaba Olah