2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000094080

1. Entity Name
OCH CARRIERS CORP.

Principal Place of Business	Mailing Address
1250 E HALLANDALE BEACH BLVD 1004 HALLANDALE, FL 33009	1250 E HALLANDALE BEACH BLVD 1004 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

04052004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-1141302	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERRERA, THOMAS R
1250 E HALLANDALE BEACH BLVD
1004
HALLANDALE, FL 33009

DO NOT WRITE
IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHAVEZ, OVIDIO
STREET ADDRESS	PO BOX 825491
CITY-ST-ZIP	PEMBROKE PINES, FL 33082

0001000148954
05/03/04-80167-002 150.00

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STREET ADDRESS	
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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: _____ OVIDIO CHAVEZ _____   04/08/04   954-457-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #