2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000110095

1. Entity Name
OCEANIA HOLDING, INC.

Principal Place of Business	Mailing Address
791 CRANDON BLVD 1102 KEY BISCAYNE, FL 33149	791 CRANDON BLVD 1102 KEY BISCAYNE, FL 33149

DO NOT WRITE IN THIS SPACE

02032005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2169925

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARLADE, ALBERTO J
7050 S.W. 86TH AVENUE
MIAMI, FL 33143

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ELIAS, FRANCISO
STREET ADDRESS	791 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VTD
NAME	ELIAS, BEATRIZ
STREET ADDRESS	791 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VSD
NAME	ELIAS, MARIA BEATRIZ
STREET ADDRESS	791 CRANDON BLVD
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/05-80069-018 150.00

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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: _____ March 10, 05 305-441-7180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #