CR2E034B (12/01)

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2004 8:00 am Secretary of State

DOCUMENT # P0200003336 1. Entity Name				03-25-2004 90010 040 ***150.00		
OCEAN TRUCKING 48 INC.						
D	O NOT WRITE	IN THIS SPA	ACE			
2. Principal Place of Business 2524 S.W. 137 CT. 2524 S.W. Suite, Apt. #, etc. 3. Mailing Address 2524 S.W. Suite, Apt. #, etc.			137 CT.	54021953		
City & State MIAM	AMI FL. MIAMI FO			4. FEI Number Applied F. O1- 057 557/ Not Applied		
^{Zip} 3317	75 Country U. S. A.	^{2ip} 33175	Country <i>ひ・5、A・</i>	5. Certificate of		\$8.75 Additional Fee Required
	DO NOT WI	7. Name and Address of Current Registered Agent Name DIAZ JULIAN. Street Address (PO. Box Number is Not Acceptable) 2524 S.W. 137 CT- City MIAHI. FL Zip Code 33175				
8. The above na	amed entity submits this statement for	the purpose of changing its reg	istered office or registe	ered agent, or both,	in the State of Florida	
SIGNATURE	gnature, typed or printed name of registered agent ar	d lilie it applicable (NOTE Ru	gislered Agent signature recipile	ed when reinstaling)	D.	ATE
	tion is eligible to satisfy its Intangible juirement and elects to do so. on back)	1 Fee is \$150.00 Fee is \$550.00 BR is \$61.25 to Department of St	Trust	ion Campaign Financing Fund Contribution	\$5.00 Ma	
11.	OFFICERS AND D	DIRECTORS				
NAME STREET ADDRESS	PSD JULIAN DIAZ. 2524 S.W. 137CF MIAMI: FL. 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE .	TD DIAZ, LULSA 2524 S.W. 1375T. HIAMI: FL 3317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-7IP	DC	NOT WI	RITE
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN	THIS SP	ACE
TITLE HAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THE NAME. STREET ADDRESS CHY-SI-ZIP			
13. I hereby cer	tify that the information supplied with	his filmo does not qualify for the	e exemption stated in S	Section 119 07(3)(n).	Florida Statutes. Hurthe	er certify that the inform

indicated on this report or supplied with this sting does not quality for the exemption stated in Section 119 07(3)(f), Florida Statules, 1 forther certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under dail; that I am an officer or of of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statules, and that my name appears in Block 11 or of attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

03/23/04 (305) 552-7/95