

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000003336

1. Entity Name
OCEAN TRUCKING 48 INC.



Principal Place of Business

2524 S.W. 137 CT
MIAMI, FL 33175

Mailing Address

2524 S.W. 137 CT
MIAMI, FL 33175

FILED
Apr 15, 2005 08:00 AM
Secretary of State



04132005 No Chg-P CR2E034 (10/03)

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4. FEI Number
01-0575571

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, JULIAN
2524 S.W. 137 CT
MIAMI, FL 33175

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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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
DIAZ, JULIAN
2524 S.W. 137 CT
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DIAZ, LUISA
2524 S.W. 137 CT
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

04/16/05-80001-013 150.00

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IN THIS SPACE**

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: Julian Diaz PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

cel: (786) 478-1636

JULIAN DIAZ