## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

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DOCUMENT # P02000010951					50	ecretary o	n State
1. Entity Name		•					
OCEAN 1	401, INC.	ľ	<b>**</b>				
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Principal Place	a of Businese	Mailing Address					
	DE LEON BLVD.	901 PONCE DE LEON BLVD.		!			
SUITE 603		SUITE 603	•				
CORAL GABL	ES, FL 33134	CORAL GABLES, FL 33134	<u>-</u>	 	37 DATE TYDE I 13777 EDIN DO	Pri noreni linte di ninte di ninte e di colo	TT (131231 N 1411
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	O NOT WRITE	IN THIS SPAC	CE	4. FEI Numbe		<del></del>	Applied For
				41-204			Not Applicable
			. ,	5. Certificate	of Status Desired	☐ \$8.75 Fee Rec	Additional
<u></u>	6. Name and Address of Current Re	cistered Agent			alignophyloger sy'reg's	reg neu	area area area
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	OZ, WILLIAM H ESQ.			DO	NOT W	/RITE	
901 PONCE DE LEON BLVD. SUITE 603			, , ,		•		
CORAL GABLES, FL 33134				IN	THIS SI	ACE	
				No. 14 194 1744	italien stasims is a	eraga <u>al</u>	
8. The above	named entity submits this statement for t	he purpose of changing its registere	ed office or register	red agent, or bo	th, in the State of F	lorida. I am familiar v	with, and accept
	ions of registered agent.						
SIGNATURE.					<u> </u>		
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	d Agent signature required	I when reinstating)		DATE	·,
===	E NOW!!! FEE IS \$150.00	9. Election Campaign Finar	icing \$5.	.00 May Be			-
	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.		led to Fees	LILIERI	0008 <u>71</u> 12	
10,	OFFICERS AND D	RECTORS	I	ZG	7.15/0	4-54351-646	
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NAME	VANDROUX, NORBERTO	OUTT COS					Ì
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12. I hereby certify that the information supplied with this filling 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 that impowered.

SIGNATURE:

AGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/2004 (251)501