

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000010976

1. Entity Name
OCEAN 1403, INC.



Principal Place of Business

**1412 NW 129 TERRACE
SUNRISE, FL 33323**

Mailing Address

**1412 NW 129 TERRACE
SUNRISE, FL 33323**

DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (11/05)

4. FEI Number
41-2048944

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REBOREDO, REBECA J
1412 NW 129 TERRACE
SUNRISE, FL 33323**

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VANDROUX, NORBERTO
STREET ADDRESS	1412 NW 129 TERRACE
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	D
NAME	MAGDALENA VANDROUX, MARIA
STREET ADDRESS	1412 NW 129 TERRACE
CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000528702
05/05/06-80046-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #