

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

**DO NOT WRITE IN THIS SPACE**



04112005    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**41-2048944**      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**

**DO NOT WRITE 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 \_\_\_\_\_      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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D VANDROUX, NORBERTO 1412 NW 129 TERRACE SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGDALENA VANDROUX, MARIA 1412 NW 129 TERRACE SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000528702  
 05/05/06-80046-005 150.00

**DO NOT WRITE 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]*      Date: 04/20/2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #