

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90028 038 ***150.00

DOCUMENT # P02000015218

1. Entity Name

OCEAN KEY INVESTMENTS, INC.



Principal Place of Business

6355 NW 36TH STREET
SUITE 506
VIRGINIA GARDENS FL 33166

Mailing Address

6355 NW 36TH STREET
SUITE 506
VIRGINIA GARDENS FL 33166



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

OR2E034 (10/07)

City & State

City & State

4. FEI Number

35-2186768

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OBREGON, CARLOS
6355 NW 36TH ST
STE # 506
VIRGINIA GARDENS FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 completing 9.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	IGLESIAS, CARLOS A	
STREET ADDRESS	6355 NW 36TH STREET, STE 506	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	OBREGON, CARLOS E	
STREET ADDRESS	6355 NW 36TH STREET, STE 506	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VILLORIA, ALEJANDRO	
STREET ADDRESS	6355 NW 36TH STREET, STE 506	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, FELIPE J	
STREET ADDRESS	6355 NW 36TH STREET, STE 506	
CITY-ST-ZIP	VIRGINIA GARDENS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS E. OBREGON	
STREET ADDRESS	6355 N.W. 36 ST. SUITE #506	
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166	
TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELIPE J. GONZALEZ	
STREET ADDRESS	6355 N.W. 36 ST. SUITE #506	
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

Carlos E. Obregon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS E. OBREGON

03/03/2008 (305) 871-1157

Date

Daytime Phone #