

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90036 003 ***150.00

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1. Entity Name

ATLANTIC OCEAN INTERNATIONAL, CORP.



Principal Place of Business
7205 NW 68TH ST., #14
MIAMI FL 33166

Mailing Address
651 NW 82 AVE. SUITE #115
MIAMI FL 33126



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

75-2996782

Applied For

Not Applicable

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

OCHOA, EDITH
651 NW 82 AVE. SUITE #115
MIAMI FL 33126

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE PD ☐ Delete
NAME OCHOA, EDITH
STREET ADDRESS 651 NW 82 AVE. SUITE #115
CITY-ST-ZIP MIAMI FL 33126

TITLE TD ☐ Delete
NAME OCHOA, JOSEFINA C
STREET ADDRESS 651 NW 82 AVE. SUITE #115
CITY-ST-ZIP MIAMI FL 33126

TITLE SD ☐ Delete
NAME OCHOA, MARTA
STREET ADDRESS 854 NW 87 AVE. #208
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☒ Delete
NAME ACUNA, CRISTOBAL A
STREET ADDRESS 651 NW 82 AVE. #115
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
NAME RESTREPO, EDITH
STREET ADDRESS 10420 S.W. 92 STREET
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TD ☒ Change ☐ Addition
NAME Edith Ochoa
STREET ADDRESS 651 NW 82 Ave Suite #115
CITY-ST-ZIP MIAMI, FL 33126

TITLE D ☒ Change ☐ Addition
NAME Ochoa, Josefin C
STREET ADDRESS 651 NW 82 Ave Suite #115
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME RESTREPO, EDITH
STREET ADDRESS 10420 S.W. 92 STREET
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Edith Ochoa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/05 305-888-9938