


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 01, 2004 8:00 am
Secretary of State

10-01-2004 90002 002 ***150.00

DOCUMENT # P02000025057
 1. Entity Name
 OCEAN 6 PM, INC.



Principal Place of Business Mailing Address
 11230 NORTHWEST 53 LANE 11230 NORTHWEST 53 LANE
 MIAMI, FL 33178 MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

54073846



09272004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1188082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAMPOS, ALEJANDRO E
 11230 NORTHWEST 53 LANE
 MIAMI, FL 33178

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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 *Alejandro E Campos* DATE 9/28/04
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPOS, ALEJANDRO E 11230 NORTHWEST 53 LANE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPOS, ALICESTHER 11230 NORTHWEST 53 LANE MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* DATE 9/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #