

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


4/16

FILED
Jun 11, 2003 8:00 am
Secretary of State

04-16-2003 90227 031 ***150.00

DOCUMENT # P02000025057 L

1. Entity Name
OCEAN 6 PM, INC.



Principal Place of Business
11230 NORTHWEST 53 LANE
MIAMI FL 33178

Mailing Address
11230 NORTHWEST 53 LANE
MIAMI FL 33178

55057525

2. Principal Place of Business
MIAMI - FL

3. Mailing Address
11230 NW

Suite, Apt. #, etc.
11230 NW 53 LN

Suite, Apt. #, etc.
53 LN.

City & State
MIAMI - FL

City & State
MIAMI - FL

Zip 33178 Country U.S.A

Zip 33178 Country U.S.A.



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CAMPOS, ALEJANDRO E
11230 NORTHWEST 53 LANE
MIAMI FL 33178

7. Name and Address of New Registered Agent

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 the # applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	D	<input type="checkbox"/> Delete
NAME	CAMPOS, ALEJANDRO E	
STREET ADDRESS	11230 NORTHWEST 53 LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPOS, ALICESTHER	
STREET ADDRESS	11230 NORTHWEST 53 LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPOS, ALICESTHER	
STREET ADDRESS		
CITY-ST-ZIP		
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		

CR2E034 (10/02)

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 REQUIRED** 04.10.03 786-241393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #