FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000041047

1. Entity Name

Ocean fresh Group. Inc.

DO NOT WRITE IN THIS SPACE

FILED
05 SEP 13 PM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-05 WOP
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2. Principal Place of Business	3. Mailing Address
2077 W. 54th Terr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, FL	City & State
Zip: 33016 / Country	Zip / Country

4. FEI Number: 20-3442507 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Machado, Alean

Street Address (P.O. Box Number is Not Acceptable): 2077 W. 54th Terr.

City: Hialeah FL Zip Code: 33016

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

700059962057
09/27/05--01010--010 **450.00

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Machado, Alean.
STREET ADDRESS	2077 W. 54 Terr
CITY-ST-ZIP	Hialeah, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2&2

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Per instrucitions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **OCEAN FRESH GROUP, INC.**

Thank you for your courtesy in this matter

Alean Machado
President