

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

DOCUMENT # P02000041047

1. Entity Name

Ocean fresh Group, Inc.



FILED

05 SEP 13 PM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2077 W. 54th Terr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

REINSTATEMENT

03-05

DO NOT WRITE IN THIS SPACE

WOP

City & State

Hialeah, FL

City & State

4. FEI Number

20-3442507

Applied For

Not Applicable

Zip

33016

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Machado, Alean

2077 W. 54th Terr.

Hialeah

FL

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, in ink, of the registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when registering)

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
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
Machado, Alean
2077 W. 54th Terr
Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

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 MAIN OFFICER OR DIRECTOR

Date

Corporate Printer #

CR2E0345 (12/02)

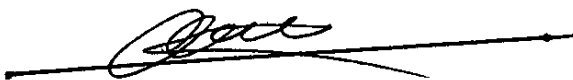
222

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

Per instructions 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