FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90320 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000049789

1. Entity Name
THE OCEAN BUILDER OF SOUTH FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
1778 SANS SOUCI BOULEVARD NORTH MIAMI, FL 33181	P.O. BOX 611058 NORTH MIAMI, FL 33261-1058 US

2. Principal Place of Business	3. Mailing Address
1312 NE. 123 Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Fl.	City & State
Zip: 33181 Country	Zip Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 11-3644209 — 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
GANES, CRAIG M 1778 SANS SOUCI BOULEVARD NORTH MIAMI, FL 33181	Name: Craig M. Ganes Street Address (P.O. Box Number is Not Acceptable): 1312 NE 123 street City: N. Miami FL Zip Code: 33181

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] DATE: 4/20/03

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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ganes, Craig 1312 NE 123 St N. Miami Fl. 33181 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/20/03 305 895 0790

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