2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 30, 2003 8:00 am Secretary of State

5/1/2

05-01-2003 90346 032 ***158.75

DOCUMENT # P02000062849

1. Entity Name

OCEAN 40 INVESTMENTS, INC.

Principal Disc	e of Business	Mailing Address	V			55049	1354
Principal Place of Business 8001 WEST 26TH AVENUE SUITE 3		8001 WEST 26TH AVENUE SUITE 3				•	
HIALEAH FL 33016 HIALEAH FL 33016							
Principal Place of Business 3. Mailing.		3. Mailing Address	ailing Address		T FRANCIS AND THE PROPERTY OF	88111 88118 BI\$18 1783J \$411	1 1 1 1 1 1 1 1 1 1
Suite. Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number	F	pplied For lot Applicable	
Zìp	Country	Zip	Coun	try	5. Certificate of Status Desired	□ \$8.75 Ac Fee Requir	
	6. Name and Address of Current	Registered Agent		- NI - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	7. Name and Address of New Rec	istered Agent	
MARTINEZ, CARLOS A				Name			
8001 WEST 26TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
SUITE 3				:			j
HIALEAH	FL 33016			City		FL Zip Co	de
	named entity submits this statement folions of registered agent.	or the purpose of changing	g its registere	ed office or registere	ed agent, or both, in the State of Florid	da. I am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating)	DATE .	
FiLE NOW!!! FEE IS \$150.00 g After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Finar Trust Fund Contribution.		00 May Be of to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE	ſ		☐ Change	: Addition
NAME	MARTINEZ, CARLOS A		NAME	J	ri ,		Įŝ
STREET ADDRESS CITY-ST-ZIP	8001 WEST 26TH AVENUE #3 HIALEAH FL 33016		A	ET ADDRESS ST-2IP			}
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		По					- Addition
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TITLE		☐ Delete	TITLE			Change	Addition
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CITY-ST-ZIP				ST-ZIP	·		
12. Thereby of	ertify that the information supplied with	this fiting does not qualify	Inchia Perent	notion stated in Sec	tion 119 07/3)(i) Florida Statutos Liu	rther certify that the is	nformation

Li hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutos. 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 exempte this epopt 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 accuracy with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

4/25/03

305558 5400

Daytime Phone #