


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90030 040 ***150.00

DOCUMENT # P02000070777

1. Entity Name
 UNIT 1506 OCEAN TOWER I, INC.



Principal Place of Business
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131

Mailing Address
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131

50034611



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

02032005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 TRANSGLOBAL CORPORATE ADMINISTRATION LLC

Street Address (P.O. Box Number is Not Acceptable)
 520 BRICKELL KEY DRIVE SUITE 0-305

City MIAMI FL Zip Code 33131

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:  DATE: 4/5/05

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, 2005 Fee will be \$550.00

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 | D PIZZABIOCCHIE, JORGE 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS NICHOLAS, STAN HAM 520 BRICKELL KEY DRIVE, SUITE 305 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS Nicholas Stanham <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 520 Brickell Key Dr, Suite 0-305 Miami, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  NICHOLAS STANHAM 03/25/2005 (305) 374.38.00

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