2004 FOR PROFIT CORPORATION

TITLE

STREET ADDRESS

SIGNATURE:

Mar 26, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P02000101463 1. Entity Name O.C. MARINE REPAIR INC. Principal Place of Business Mailing Address 13792 SW 139 CT. 13792 SW 139 CT. MIAMI, FL 33186 MIAMI, FL 33186 03232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 42-1551175 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CASTRO, OMAR DO NOT WRITE 13792 SW 139 CT. MIAMI, FL 33186 IN THIS SPACE 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, 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 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 11000000036708 Trust Fund Contribution. Added to Fees 03/26/04-80009-019 150.00 OFFICERS AND DIRECTORS 10. BRE NAME CASTRO, OMAR STREET ADDRESS 13792 SW 139 CT. City-St-ZiP MIAMI, FL 33136 IME NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CHTY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED HOME OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #