

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90948 008 \*\*\*150.00

DOCUMENT # *P02000101463*

1. Entity Name  
*O. C. MARINE REPAIR INC.* ✓

**DO NOT WRITE IN THIS SPACE**

|  |  |
|--|--|
| 2. Principal Place of Business<br><i>13792 SW 139 CT</i> | 3. Mailing Address<br><i>13792 SW 139 CT</i> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                          |

DO NOT WRITE IN THIS SPACE

|   |                                       |                                    |                               |
|---|---------------------------------------|------------------------------------|-------------------------------|
| City & State<br><i>MIAMI, FLORIDA</i>                     | City & State<br><i>MIAMI, FLORIDA</i> | 4. FEI Number<br><i>42-1551175</i> | Applied For<br>Not Applicable |
| Zip<br><i>33186</i>                                       | Country<br><i>U.S.A.</i>              | Zip<br><i>33186</i>                | Country<br><i>U.S.A.</i>      |
| 5. Certificate of Status Desired <input type="checkbox"/> |                                       | \$8.75 Additional Fee Required     |                               |

**DO NOT WRITE IN THIS SPACE**

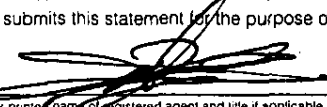
7. Name and Address of Current Registered Agent

Name *OMAR CASTRO*

Street Address (P.O. Box Number is Not Acceptable)  
*13792 SW 139 CT*

City *MIAMI* FL Zip Code *33186*

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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS                         |   |  |                                   |
|--|---|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <i>PRESIDENT<br/>OMAR CASTRO<br/>13792 SW 139 CT<br/>MIAMI, FLORIDA 33186</i> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                   |

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date