

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000112914

Entity Name
OCEAN WAY INTERNATIONAL, INC.



**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90420 005 ***150.00

1. Principal Place of Business
3550 NW 115 AVE
MIAMI, FL 33178

Mailing Address
3550 NW 115 AVE
MIAMI, FL 33178

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04252006 Chg-P CR2E034 (11/05)

4. FEI Number
82-0569541

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE CARLI, HERNAN
2060 NE 120 RD N
MIAMI, FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 assume 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)

DAD

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

1. NAME STREET ADDRESS CITY-ST-ZIP	D DE CARLI, HERNAN 2060 NE 120 RD MIAMI, FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06

Date

Page 1 of 1