

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90420 005 ***150.00

DOCUMENT # P02000112914

1. Entity Name
OCEAN WAY INTERNATIONAL, INC.



2. 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04252006

Chg-P

CR2E034 (11/04)

4. FEI Number

82-0569541

Applied

Not Applied

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

7. Name and Address of New Registered Agent

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 renewing)

DATE

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

1. NAME: D DE CARLI, HERNAN ☐ Delete
2. STREET ADDRESS: 2060 NE 120 RD
3. CITY-STATE-ZIP: MIAMI, FL 33181

4. NAME: ☐ Delete
5. STREET ADDRESS:
6. CITY-STATE-ZIP:

7. NAME: ☐ Delete
8. STREET ADDRESS:
9. CITY-STATE-ZIP:

10. NAME: ☐ Delete
11. STREET ADDRESS:
12. CITY-STATE-ZIP:

13. NAME: ☐ Delete
14. STREET ADDRESS:
15. CITY-STATE-ZIP:

16. NAME: ☐ Delete
17. STREET ADDRESS:
18. CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1. TITLE: ☐ Change ☐ Add
2. NAME:
3. STREET ADDRESS:
4. CITY-STATE-ZIP:

5. TITLE: ☐ Change ☐ Add
6. NAME:
7. STREET ADDRESS:
8. CITY-STATE-ZIP:

9. TITLE: ☐ Change ☐ Add
10. NAME:
11. STREET ADDRESS:
12. CITY-STATE-ZIP:

13. TITLE: ☐ Change ☐ Add
14. NAME:
15. STREET ADDRESS:
16. CITY-STATE-ZIP:

17. TITLE: ☐ Change ☐ Add
18. NAME:
19. STREET ADDRESS:
20. CITY-STATE-ZIP:

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

11 copies 11-04