


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000006066	
1. Entity Name OCEANICA CORPORATION	

Principal Place of Business 10862 BAL HARBOR DRIVE BOCA RATON, FL 33498	Mailing Address 10862 BAL HARBOR DRIVE BOCA RATON, FL 33498
---	---



DO NOT WRITE IN THIS SPACE

05092005 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0093815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHERMAN, THOMAS G ESQ.
218 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMIREZ, WILLIAM 10862 BAL HARBOR DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMIREZ, MERCEDES 10862 BAL HARBOR DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMIREZ, LUIS 10862 BAL HARBOR DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMIREZ, WILLIAM JR. 10862 BAL HARBOR DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000366170
05/11/05-80034-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **William Ramirez** ☒ **561-4830719**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #