


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000006066 1. Entity Name OCEANICA CORPORATION	
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Principal Place of Business 10862 BAL HARBOR DRIVE BOCA RATON, FL 33498	Mailing Address 10862 BAL HARBOR DRIVE BOCA RATON, FL 33498
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03292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 80-0093815	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SHERMAN, THOMAS G ESQ. 218 ALMERIA AVENUE CORAL GABLES, FL 33134
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**DO NOT WRITE  
IN THIS SPACE**

6. 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000430259  
04/18/06-80046-024 150.00

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**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **WILLIAM RAMIREZ** 3/29/06 ✓ 561-983-0719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #  
D. Pres.