## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 19, 2007 8:00 am Secretary of State 03-19-2007 90064 012 \*\*\*150.00 DOCUMENT # P03000006066 OCEANICA CORPORATION Principal Place of Business Mailing Address 10862 BAL HARBOR DRIVE 10862 BAL HARBOR DRIVE BOCA RATON, FL 33498 BOCA RATON, FL 33498 03092007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0093815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHERMAN, THOMAS G ESQ. DO NOT WRITE 218 ALMERIA AVENUE CORAL GABLES, FL 33134 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, typed or printed name of registered agen) and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00. After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MLF NAME RAMIREZ, WILLIAM STREET ADDRESS 10862 BAL HARBOR DRIVE CHY-S1-ZIP BOCA RATON, FL 33498 TITLE NAME RAMIREZ, MERCEDES STREET ADDRESS 10862 BAL HARBOR DRIVE BOCA RATON, FL 33498 CITY-ST-ZIP HILL NAME RAMIREZ, LUIS 10862 BAL HARBOR DRIVE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BOCA RATON, FL 33498 TITLE IN THIS SPACE RAMIREZ, WILLIAM JR. NAME 10862 BAL HARBOR DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 TOTAL NAME STREET ADDRESS CITY-ST-ZIP NAME

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 apport 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 triggle empowered to execute this teport 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 address with efforts like empowered.

STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED