2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017335

Entity Name: OCEAN VERO, INC.

FILED Apr 26, 2004 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
185 14TH PLACE SW VERO BEACH, FL 33962			SUITE 112	13180 N CLEVELAND AVE SUITE 112 N FORT MYERS, FL 33903		
Current Mailing Address:			New Maili	New Mailing Address:		
185 14TH PLACE SW VERO BEACH, FL 33962			SUITE 112	13180 N CLEVELAND AVE SUITE 112 N FORT MYERS, FL 33903		
FEI Number	: 56-2347121	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
The above	e of Florida. RE:	submits this statement for the		its registered	d office or registered agent, or both	
Election Co.		nic Signature of Registered Ag	ent		Date	
		g Trust Fund Contribution ().	ADDITION	ICIOHANOE	ES TO OFFICERS AND DIRECTO	
OFFICER: Title: Name: Address: City-St-Zip:	MICHAEL, HYD 7850 REFLEC) Delete)E FION COVE DRIVE, #306	Title: Name: Address: City-St-Zip:	io/UHANGE	ES TO OFFICERS AND DIRECTO () Change () Addition	
Title: Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	UTTLEY, TH 5260 S. LAN	() Change (X) Addition OMAS DR IDINGS DR; PH 1704 RS, FL 33919	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	HYDE, MICH 7850 REFLE	() Change (X) Addition HAEL ECTION COVE DRIVE, #306 RS, FL 33907	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	SMITH, JUD 5260 S. LAN	()Change(X)Addition I IDINGS DR; PH 1704 RS, FL 33919	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL HYDE VP 04/26/2004