

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000020506 1. Entity Name OCEAN PALMAS LAURA CORP.					
Principal Place of Business 10621 N KENDALL DR STE 120 MIAMI, FL 33176 US			Mailing Address 10621 N KENDALL DR STE 120 MIAMI, FL 33176 US		
2. Principal Place of Business - No P.O. Box # 424 E. CENTRAL BLVD		3. Mailing Address 424 E. CENTRAL BLVD			
Suite, Apt. #, etc. # 106		Suite, Apt. #, etc. # 106			
City & State ORLANDO FL		City & State ORLANDO FL			
Zip 32801		Country U.S.A.		4. FEI Number 20-1428475	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KENT, JIM 10621 N KENDALL DR STE 120 MIAMI, FL 33176			7. Name and Address of New Registered Agent Name IMRE SZAFRICS Street Address (P.O. Box Number is Not Acceptable) 424 E. CENTRAL BLVD # 106 City ORLANDO FL Zip Code 32801		
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 IMRE SZAFRICS, RA 4/16/07 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input type="checkbox"/> Delete MATE, BELA 10621 N KENDALL DR STE 120 MIAMI, FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: MATE BELA 3/28/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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