

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90189 036 ***150.00

**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.

Zip

32801

Country

U.S.A.

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinitializing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution.

\$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 MATE, BELA 10621 N KENDALL DR STE 120 MIAMI, FL 33176 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2007

Date

Daytime Phone #