

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90475 001 \*\*\*300.00

DOCUMENT # P03000038179

1. Entity Name

OCEAN AIR ENTERPRISES, INC.



Principal Place of Business

7500 COMMERCE CENTER DRIVE  
ORLANDO FL 32819

Mailing Address

7500 COMMERCE CENTER DRIVE  
ORLANDO FL 32819



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 03-0514900

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIRLEY, JONATHAN W  
171 CIRCLE DRIVE  
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title - applicable

(NOTE: Registered Agent signature required when re-registering.)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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   |                                 |
|-------|----------------|--------------------------|---------|----|-------|---------------------------------|
| P     | SHEIK, KHURRAM | 7500 COMMERCE CENTER DR. | ORLANDO | FL | 32819 | <input type="checkbox"/> Delete |
| VP    | BATTLA, NADEEM | 7500 COMMERCE CENTER DR. | ORLANDO | FL | 32819 | <input type="checkbox"/> Delete |
|       |                |                          |         |    |       | <input type="checkbox"/> Delete |
|       |                |                          |         |    |       | <input type="checkbox"/> Delete |
|       |                |                          |         |    |       | <input type="checkbox"/> Delete |
|       |                |                          |         |    |       | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY | ST | ZIP |   |
|-------|------|----------------|------|----|-----|---|
|       |      |                |      |    |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |      |                |      |    |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |      |                |      |    |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |      |                |      |    |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |      |                |      |    |     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |      |                |      |    |     | <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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Khurram Sheik* 3/5/07 407-447-5040

Date

Daytime Phone #