


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90001 016 ***150.00

DOCUMENT # P03000047567 1. Entity Name OCEAN INTERNATIONAL CORP.	
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50024685

Principal Place of Business 4190 WEST FLAGLER STREET MIAMI, FL 33134	Mailing Address 16533 NW 15TH STREET PEMBROKE PINES, FL 33028
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2. Principal Place of Business 6355 NW 36st. Suite, Apt. #, etc. 7507 City & State Miami, Florida Zip 33166 Country USA	3. Mailing Address 6355 NW 36st. Suite, Apt. #, etc. 7507 City & State Miami, Florida Zip 33166 Country USA
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07132006 Chg-P CR2E034 (11/05)

4. FEI Number 58-2667656	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PACHECO, MARIA VICTORIA 4190 W. FLAGLER STREET MIAMI, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Maria Victoria Pacheco* 08/04/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PACHECO, MARIA VICTORIA 4190 W. FLAGLER STREET MIAMI, FL 33134 <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: *Maria Victoria Pacheco* 08/04/06 754:2344246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #