2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State
04-28-2004 90244 010 ***150.00

66421689

MOORE CR2E034 (11/03)

DOCUMENT # P03000060201

1. Entity Name
TRANS OCEAN HOLDINGS, INC.

Principal Place of Business
~~350 E LAS OLAS BLVD STE 1220~~
~~FT LAUDERDALE FL 33301~~

Mailing Address
~~350 E LAS OLAS BLVD STE 1220~~
~~FT LAUDERDALE FL 33301~~

2. Principal Place of Business: 3111 University Drive
Suite, Apt. #, etc.: 1030
City & State: Coral Springs, FL
Zip: 33065 Country: USA

3. Mailing Address: 3111 University Drive
Suite, Apt. #, etc.: 1030
City & State: Coral Springs, FL
Zip: 33065 Country: USA

4. FEI Number: 14-1886805 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
RUFFIN, JOHN W JR
~~350 E LAS OLAS BLVD STE 1220~~
~~FT LAUDERDALE FL 33301~~

7. Name and Address of New Registered Agent
Name: John Ruffin, Jr.
Street Address (P.O. Box Number is Not Acceptable): 3111 University Dr. Suite 1030
City: Coral Springs FL Zip Code: 33065

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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

TITLE	DP ☐ Delete
NAME	RUFFIN, JOHN W
STREET ADDRESS	~~350 E LAS OLAS BLVD STE 1220~~ 3111 University Dr. #1030
CITY-ST-ZIP	~~FT LAUDERDALE FL 33301~~ Coral Springs, FL 33065
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: ______________________ 4/7/04 954-341-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #