

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90181 031 \*\*\*150.00

**DOCUMENT # P03000071098**

1. Entity Name  
**OCEAN 1701, INC.**



Principal Place of Business  
**1200 BRICKELL AVENUE SUITE 1440  
MIAMI, FL 33131**

Mailing Address  
**1200 BRICKELL AVENUE SUITE 1440  
MIAMI, FL 33131**

**50048170**



03182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**20-1063365**

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**

**TRANSGLOBAL CORPORATE ADMINISTRATION, LLC  
520 BRICKELL KEY DRIVE, SUITE 0-305  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME **PD VANEGAS, TERESA** ☐ Delete  
STREET ADDRESS **CRA 42 NO 4 SUR 40 APT 202**  
CITY-ST-ZIP **EL POBLADO MEDELIN COLOMBIA,**

TITLE  
NAME **VD POSADA, ANA I** ☐ Delete  
STREET ADDRESS **CRA 37 NO 5 SUR 17 APT 501**  
CITY-ST-ZIP **EL POBLADO MEDELIN COLOMBIA,**

TITLE  
NAME **AS ROJAS, MARCO E** ☐ Delete  
STREET ADDRESS **520 BRICKELL KEY DRIVE, SUITE 0-305**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE  
NAME **TD POSADA, CLARA** ☐ Delete  
STREET ADDRESS **COLINAS DE JUANITO LAGUNA #6**  
CITY-ST-ZIP **EL RETIRO ANTIOQUIA COLOMBIA,**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☒ Addition  
NAME **AS MARCO E. ROJAS**  
STREET ADDRESS **520 BRICKELL KEY DR #0-305**  
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, until all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Marco Rojas* 4/28/05 305.374.3800