


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90078 044 ***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		
2. Principal Place of Business		3. Mailing Address 520 Brickell Key Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 0-305			
City & State 		City & State Miami & FL		4. FEI Number 20-1063365	
Zip 		Zip 33131		Country USA	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD VANEGAS, TERESA CRA 42 NO 4 SUR 40 APT 202 EL POBLADO MEDELIN COLOMBIA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POSADA, ANA I CRA 37 NO 5 SUR 17 APT 501 EL POBLADO MEDELIN COLOMBIA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROJAS, MARCO E 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POSADA, CLARA COLINAS DE JUANITO LAGUNA #6 ELRETIRO ANTIOQUIA COLOMBIA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROJAS, MARCO E 520 BRICKELL KEY DR #0-305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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: <u>Clara Posada V. Clara Posada</u> 4/24/06 (305) 374-3800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					