## FILED Jun 08, 2004 8:00 am Secretary of State

2004 ₽	OR FRUEIL COMPONER	<b>U</b> 14
•	ANNULAL DEDART	
2	ANNUAL REPORT	

1. Entity Nar	ne :	# P0300090		6-08-2004 90	•							
Principal Place of Business  501 BRICKELL KEY DR STE 602  MIAMI, FL 33131  MIAMI, FL 33131  MIAMI, FL 33131			R STE <b>60</b>	2		44046212						
Principal Place of Business			· · · · · · · · · · · · · · · · · · ·									
				Banco Santander Building 1401 Brickell Avenue, Ste 500			05062004	Chg-P	CR2E	(10/03)	,	
Miami,	Miami, FL 33131		Miami, FL 33131				4. FEI Numb	91°		F-3	oplied For of Applicable	
Zip	J	Country	Zip	Coun	itry			of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent		Name Do			Address of New	Registered	Agent		
VAZQUEZ					Street Address (P.O. Box Number is Not Acceptable)							
501 BRICKELL KEY DR STE 602   MIAMI, FL 33131;				Banco Santander Building								
-	1				1401 E	Bricke	ell Avenu	e, Ste 500		Zip Cod		
R The above	named anti	by submits this statement in	r the purpose of changing Its	rogicler	Miami,			h in the State of E	FI	<u>-                                      </u>	<u> </u>	
	tions of regis		the porpose of changing its	register	sa onice or reg	Misierac	agent, or do		onua. ran	Traininal Will,	ano accept	
SIGNATURE Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$550.00  9. Election Campaign Financing \$5.00 May Be  " Due by September 8, 2004  7. Trust Fund Contribution.   Added to Fees												
10.		OFFICERS AND		11.		353	ADDITIONS/	CHANGES TO OF	FICERS AN	· · · · · · · · · · · · · · · · · · ·		
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12. I hereby	certify that the	e information supplied with	this filing does not qualify for		ST-ZIP	in Secti	on 119.07(3)(i	), Fiorida Statutes	I further ca	rlify that the in	formation	
12. I hereby certify that the information supplied with this filling 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 the empowered.												
SIGNATURE: 305371-8064												
		SIGNATURE AND TYPED OR P	HINTED IN AME OF SIGNING OFFICER	ORDIRECT	OR			Date		Daytime Phone s		

#44046212

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 6, 2004

OCEAN THREE INVESTMENTS UNIT 1005, INC. 501 BRICKELL KEY DR-STE 602: STE 33131

SUBJECT: OCEAN THREE INVESTMENTS UNIT 1005, INC. Ref. Number: P03000090976

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 204A00030995