

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -2 AM 10:13

DOCUMENT # P03000135182

1. Entity Name
BLUE OCEAN MARKETING, INC.



Principal Place of Business
1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS, FL 33154 US

Mailing Address
1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS, FL 33154 US

2. Principal Place of Business
10081 Pines Blvd.
Suite C
Pembroke Pines, FL 33024
USA

3. Mailing Address
10081 Pines Blvd.
Suite C
Pembroke Pines, FL 33024
USA

10282004 REIN-P CR2E098 (6/04)

4. FEI Number
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERS, ROBERT H C.R.A.
1140 KANE CONCOURSE
FIFTH FLOOR
BAY HARBOR ISLANDS, FL 33154

7. Name and Address of New Registered Agent

Name ARNOLD STRAUS, JR.
Street Address (P.O. Box Number Is Not Acceptable)
10081 Pines Blvd. #C
Pembroke Pines FL 33024

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

10/28/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME BARON, JAMES D
STREET ADDRESS 1140 KANE CONCOURSE FIFTH FLOOR
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154

TITLE S
NAME ARNOLD M. STRAUS JR.
STREET ADDRESS 10081 PINES BLVD #C
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JAMES D. BARON
STREET ADDRESS 11401 N.E. 34th AVE.
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160

TITLE
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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

Date

Daytime Phone #

11/9/05