

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097466

FILED  
Feb 12, 2005  
Secretary of State

Entity Name: OCHOA COMMUNICATIONS, INC.

**Current Principal Place of Business:**

817 WEST BRADDOCK STREET  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

817 WEST BRADDOCK STREET  
TAMPA, FL 33603

**New Mailing Address:**

FEI Number: 34-2000756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: OCHOA, JUDITH P  
Address: 817 WEST BRADDOCK STREET  
City-St-Zip: TAMPA, FL 33603

Title: T ( ) Delete  
Name: OCHOA, JOSE  
Address: 817 WEST BRADDOCK STREET  
City-St-Zip: TAMPA, FL 33603

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE OCHOA

T

02/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date