

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000122739

1. Entity Name

OCEAN MANAGEMENT INVESTMENTS, CORP.



Principal Place of Business

10697 SW 76TH TERRACE  
MIAMI, FL 33173

Mailing Address

PO BOX 1741  
MIAMI, FL 33283

FILED

09 MAR -3 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01052009 No Chg-P CR2E034 (11/08)

4. FEI Number

20-1557413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FONSECA, EDGARD  
10697 SW 76TH TERRACE  
MIAMI, FL 33173

DO NOT WRITE  
IN THIS SPACE

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, 2009 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  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
FONSECA, EDGARD  
10697 SW 76TH TERRACE  
MIAMI, FL 33173

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600144839496  
03/03/09-01015-001 \*\*150.00

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGARD FONSECA 2/24/09

Date

Daytime Phone #