


**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90121 039 \*\*\*158.75

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000126158</b>					
<b>1. Entity Name</b> OCEAN COMMUNITY INVESTMENTS CORP.					
<b>Principal Place of Business</b> 780 N.W. 42ND AVE STE 600 MIAMI, FL 33126			<b>Mailing Address</b> 780 N.W. 42ND AVE STE 600 MIAMI, FL 33126		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1556010	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD STE 1500 BB MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> CONCEPCION, JOSE		<b>TITLE</b> PD	<b>NAME</b> Macedo, A. Alfonso	
<b>STREET ADDRESS</b> 780 N.W. 42 AVENUE	<b>CITY-ST-ZIP</b> MIAMI, FL 33126		<b>STREET ADDRESS</b> 780 N.W. 42 Avenue	<b>CITY-ST-ZIP</b> Miami, FL 33126	
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> V	<b>NAME</b> VEGA, ALBERTO		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 780 N.W. 42 AVENUE	<b>CITY-ST-ZIP</b> MIAMI, FL 33126		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Luis A. Consuegra</i> <b>Luis A. Consuegra</b> <b>4/24/08</b> <b>569-5453</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					