

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000153365	
1. Entity Name OCEANIC TRADING, INC.	



FILED

07 NOV 28 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 12241 SW 16TH TERRACE K 101 MIAMI, FL 33175	Mailing Address 12241 SW 16TH TERRACE K 101 MIAMI, FL 33175
--	--

2. Principal Place of Business - No P.O. Box # 10029 COSTA DEL SOL BLVD Suite, Apt. #, etc.	3. Mailing Address 10029 COSTA DEL SOL BLVD Suite, Apt. #, etc.
---	---

City & State Doral FL	City & State Doral FL
Zip 33178	Zip 33178
Country	Country



101529 REINSTATEMENT 11/07 67

6. Name and Address of Current Registered Agent AEDO, JULIO E 12241 SW 16TH TERRACE K 101 MIAMI, FL 33175	7. Name and Address of New Registered Agent Name JULIO AEDO Street Address (P.O. Box Number is Not Acceptable) 10029 COSTA DEL SOL BLVD City Doral FL Zip Code 33178
---	---

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] (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AEDO, JULIO E 12241 SW 16TH TERRACE K 101 MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AEDO JULIO E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10029 COSTA DEL SOL BLVD Doral, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PONCE, JUDITH M 12241 SW 16TH TERRACE K 101 MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PONCE JUDITH M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10029 COSTA DEL SOL BLVD Doral, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800112716918 11/30/07--01012--016 **150:00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 11-13-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #