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04-19-2007 90193 017 ***150.00

FILED P05000032040
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP -5 AM 9:16

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000032040			
1. Entity Name OCHOA CONNECT, INC.			
Principal Place of Business 6111 WASHINGTON ST. STE 102 HOLLYWOOD, FL 33023 US		Mailing Address PO BOX 644 DANIA, FL 33004	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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		7. Name and Address of New Registered Agent	
RIVERA, CEREDUAL 6111 WASHINGTON ST. STE 102 HOLLYWOOD, FL 33023		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, CEREDUAL 6111 WASHINGTON ST., APT. 102 HOLLYWOOD, FL 33023 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 9/17/07 Daytime Phone: 305-525-5260	

PJ10212

To

Division of Corporations
Reg. Ocr. Comm.
Document # P05000032040

I am sending this letter to let you
office now that I filed my
Annual report on April 2007.
This was returned to me because
I did not sign the form.

I sent the form properly signed
and this was returned to me again.
I apologize for any inconvenience.
Waiting a positive response.

