

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032040

Entity Name: OCOA CONNECT, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

C/O JOSE M. CARRASCO
3436 FOXCROFT RD, APT 103
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 644
DANIA, FL 33004

New Mailing Address:

FEI Number: 20-2427360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, CEREDUAL
6111 WASHINGTON ST.
STE 102
HOLLYWOOD, FL 33023 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: PD () Delete
Name: CARRASCO, JOSE M
Address: 3436 FOXCROFT RD, APT 103
City-St-Zip: MIRAMAR, FL 33025 US

Title: VPD () Delete
Name: RIVERA, CEREDUAL
Address: 6111 WASHINGTON ST #102
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: RIVERA, CEREDUAL
Address: 6111 WASHINGTON ST #102
City-St-Zip: HOLLYWOOD, FL 33023 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CEREDUAL RIVERA

VPD

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date