2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2006 8:00 am Secretary of State **DOCUMENT # P05000052076** 05-02-2006 90201 041 ***150 00 1. Entity Name OCEAN APART, INC. Principal Place of Business Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVENUE **SUITE 3000 SUITE 3000** MIAMI, FL 33181 MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address 1001 BRICKELL BAY DRIVE 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. SuITE 3112 Suite, Apt. #, etc. 03312006 Chg-P CR2E034 (11/05) SUITE 3112 City & State Applied For City & State 4. EEI Number MIAMI F4 0-MIAMI Not Applicable 33131 Country \$8.75 Additional Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEORGE D. PERLMAN, P.A. Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE 1001 BRICKELL **SUITE 3000** Suite 3112 MIAMI, FL 33181 MIAMI 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) d or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Delete TITLE 1001 Brickell Bay DRIVE PERLMAN, GEORGE D NAME NAME SuiTE 3112 MIANI FL. 33131 701 BRICKELL AVENUE, SUITE 3000 STREET ADDRESS STREET ADDRESS MIAMI, FL 33181 CITY - ST - ZIP CITY-ST-ZIP PRESIDENT + SEC ☐ Change Addition TITLE ☐ Delete TITLE GEORGE D. PERLMAN MAMI FL. 33131 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete THTLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

TKESIDENT

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED

FILED

Daytime Phone #