2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000121952

1. Entity Name
OCEAN RESTAURATION USA INC.

FILED
07 SEP 17 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09112007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6608 N BLOSSOM AVE TAMPA, FL 33614	6608 N BLOSSOM AVE TAMPA, FL 33614

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 20-4089384 — 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
RODRIGUEZ, WILFREDO 6608 N BLOSSOM AVE TAMPA, FL 33614	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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	PT RODRIGUEZ, WILFREDO 6608 N BLOSSOM AVE TAMPA, FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sara M. Garcia De Rodriguez 6608 N. Blossom Ave. Tampa, Fl. 33614 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ-LLANO, RIGOBERTO 7221 N HALE AVENUE TAMPA, FL 33614 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300109707853 09/20/07--01040--010 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9/17 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

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: _____ 09/10/2007 (813) 484-6432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #