2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P06000026963 04-30-2007 90849 015 ***150.00 OCEAN QUEEN TRADING INC. Principal Place of Business Mailing Address 4201 NE 23RD AVENUE 4201 NE 23RD AVENUE LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1382 NW 13Th CT SAME Suite, Apt. #, etc. 04192007 Cha-P CR2E034 (12/06) City & State 4. FEI Number 20 436 35 45 City & State Applied For KATON Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERKAN CABUK, A. SINEM Street Address (P.O. Box Number is Not Acceptable) 1625 SW 1ST WAY BAY C4 DEERFIELD BEACH, FL 33441 Zin Code 73 U.P.6 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 the obligations of registered agent Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change PD TITLE TITLE ☐ Addition Delete ERKAN CABUK, A. SINEM NAME 1382 NW 13Th CT STREET ADDRESS 1625 SW 1ST WAY, BAY C4 STREET ADDRESS BOCA RATON F1 33486 | Change | Addition | | Addition | DEERFIELD BEACH, FL 33441 CITY-ST-ZIP CITY-ST-ZIP TD THILE ☐ Delete TITLE ERKAN, AHMET NAME NAME STREET ADDRESS STREET ADDRESS 1625 SW 1ST WAY, BAY C4 DEERFIELD BEACH, FL 33441 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP ☐ Delete TITLE TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental tabort 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 trusted 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: 🗡

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR