

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

05-18-2007 90019 006 ***150.00

DOCUMENT # P06000030585 1. Entity Name ONE OCEAN OMEGA RECORDS/VALIKUS PUBLISHING CO. INC.																																																																																																																													
Principal Place of Business 1205 NW 203 STREET MIAMI, FL 33169			Mailing Address 1205 NW 203 STREET MIAMI, FL 33169																																																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc. <i>Same</i>		Suite, Apt. #, etc. <i>Same</i>																																																																																																																											
City & State		City & State		4. FEI Number 45-0546884																																																																																																																									
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent WOODS, ISAAC J SR. 1205 NW. 203 STREET MIAMI, FL 33160				7. Name and Address of New Registered Agent 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 reappointing)																																																																																																																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PRES</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WOODS, ISAAC J SR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1205 NW. 203 STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33169</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WOODS, VALERIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1205 NW. 203 STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33169</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRE</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WOODS, ISAAC J JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1205 NW. 203 STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33169</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRE</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>RUFF, NIGEL I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1205 NW. 203 STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33169</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DIRE</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WOODS, LAKESHA S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1205 NW. 203 STREET</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33169</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PRES	☐ Delete	NAME	WOODS, ISAAC J SR.		STREET ADDRESS	1205 NW. 203 STREET		CITY- ST- ZIP	MIAMI, FL 33169		TITLE	VP	☐ Delete	NAME	WOODS, VALERIE		STREET ADDRESS	1205 NW. 203 STREET		CITY- ST- ZIP	MIAMI, FL 33169		TITLE	DIRE	☐ Delete	NAME	WOODS, ISAAC J JR.		STREET ADDRESS	1205 NW. 203 STREET		CITY- ST- ZIP	MIAMI, FL 33169		TITLE	DIRE	☐ Delete	NAME	RUFF, NIGEL I		STREET ADDRESS	1205 NW. 203 STREET		CITY- ST- ZIP	MIAMI, FL 33169		TITLE	DIRE	☐ Delete	NAME	WOODS, LAKESHA S		STREET ADDRESS	1205 NW. 203 STREET		CITY- ST- ZIP	MIAMI, FL 33169		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 recorder 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 persons empowered.																																																																																																																													
SIGNATURE: <i>Isaac J Woods Sr.</i> 5-1-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													