



FILED
Jun 19, 2007 8:00 am
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/31

04-30-2007 90848 010 ***150.00

DOCUMENT # P06000030884 1. Entity Name OCHOA'S INTERIORS, CORP.			
Principal Place of Business 1025 NW 126TH CT MIAMI, FL 33182		Mailing Address 1025 NW 126TH CT MIAMI, FL 33182	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent OCHOA, GUILLERMO 1025 NW 126TH CT MIAMI, FL 33182		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number H-55-0917035	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		Applied For <input type="checkbox"/> Not Applicable	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete NAME OCHOA, GUILLERMO STREET ADDRESS 1025 NW 126TH CT CITY-ST-ZIP MIAMI, FL 33182	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 	D OCHOA, MIGUEL 1462 SW 19TH AVE - # 4 MIAMI, FL 33145	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 	
<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS 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.			
SIGNATURE: 		_____ <small>Signature and typed or printed name of signing officer or director</small>	
_____ <small>Date</small>		_____ <small>Daytime Phone #</small>	

66019427



04162007 Chg-P CR2E034 (12/06)

FL