

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90004 020 ***150.00

DOCUMENT # P06000092999
 1. Entity Name
 ERIC OCANDO GENERAL SERVICES, INC.



40118552

Principal Place of Business Mailing Address
 720 ARDMORE ROAD 720 ARDMORE ROAD
 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 405 US Hwy 1 405 US Hwy 1
 Suite, Apt #, etc Suite, Apt #, etc
 306 306

05022007 Chg-P CR2E034 (12/06)

City & State City & State
 North Palm Beach FL North Palm Beach FL
 Zip Country Zip Country
 33408 PB 33408 PB

4. FEI Number Applied For
 70-5212607 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 OCANDO, ERIC E
 720 ARDMORE ROAD
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 405 US Hwy 1 # 306
 City North Palm Beach FL Zip Code 33408

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	OCANDO, ERIC E	720 ARDMORE ROAD	WEST PALM BEACH, FL 33401	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	405 US Hwy 1 # 306	North Palm Beach FL	33408	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 another like empowered.

SIGNATURE: Eric Ocando
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Director Phone #: _____

ATTACHMENT

40118331

CATALFAMO, EATON & DELISI, LLC
2000 PGA BLVD SUITE 3206
PALM BEACH GARDENS, FL 33408
561-622-3162
(FAX) 561-626-99857

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, L 32302-1500

RE: ERIC OGANDO GENERAL SERVICES, INC
P06000092999

TO WHOM IT MAY CONCERN;

ENCLOSED IS THE 2007 ANNUAL REPORT FOR THE ABOVE CAPTION.

ALSO, ENCLOSED IS A CHECK IN THE AMOUNT OF \$ 150.00.

PLEASE ACCEPT THIS AS TAXPAYER DID NOT RECEIVE INFORMATION TO
FILE THIS REPORT AS HIS BUSINESS MOVED AND MAIL WAS NOT
FORWARD. ALSO, THIS IS THE FIRST YEAR IN BUSINESS.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

VERY TRULY YOURS,



MARTIN V. DELISI, EA