

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90056 035 \*\*\*150.00

**DOCUMENT # P07000065865**

1. Entity Name  
**OCEAN MEMORY IMPORT & EXPORT, CORP**



Principal Place of Business      Mailing Address

**7225 NW 25TH ST.  
 SUITE 107  
 MIAMI, FL 33122**      **7225 NW 25TH ST.  
 SUITE 107  
 MIAMI, FL 33122**

**66006543**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**7225 NW 25<sup>th</sup> St**      **7225 NW 25<sup>th</sup> Street**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**306**      **306**

City & State      City & State

**Miami, FL 33122**      **Miami, FL**

Zip      Zip      Country      Country

**USA**      **33122**      **USA**



04082008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**26-0294420**      Not Applicable

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

5- Name and Address of Current Registered Agent

**DIAS, ALEX M  
 7297 NW 36 ST  
 DORAL, FL 33166**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	DP	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAS, ALEX M	NAME	<b>DIAS, ALEX M</b>
STREET ADDRESS	7297 NW 36 ST	STREET ADDRESS	<b>7225 NW 25<sup>th</sup> Street #306</b>
CITY-ST-ZIP	DORAL, FL 33166	CITY-ST-ZIP	<b>Miami, FL 33122</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:**  **Alex M. Dias**      Date **04/07/08**      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR