

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90040 022 \*\*\*150.00

<b>DOCUMENT # P07000109008</b>																																									
<b>1. Entity Name</b> OCEAN DOCK REPAIR, CORP.																																									
<b>Principal Place of Business</b> 845 ARABIA AVE OPA LOCKA, FL 33054			<b>Mailing Address</b> 845 ARABIA AVE OPA LOCKA, FL 33054																																						
<b>2. Principal Place of Business - No P.O. Box #</b> 2855 Leonard Dr Suite, Apt. #, etc. # H 101		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Aventura FI Zip 33164																																							
<b>4. FEI Number</b> 142011490		Applied For <input type="checkbox"/> Not Applicable																																							
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> ROQUE, FELIX R 7300 BYRON AVE APT. 15A MIAMI BEACH, FL 33141																																					
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2855 Leonard Dr #101 Aventura FI 33160 City FL Zip Code				<b>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</b> SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																					
<b>FILE NOW!!! FEE IS 150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>10. OFFICERS AND DIRECTORS</b>																																					
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<b>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.</b>																																									
<b>SIGNATURE:</b>																																									
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Date																																									
Daytime Phone #																																									