

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034664

FILED
Apr 30, 2009
Secretary of State

Entity Name: OCEAN MEDICAL SPA, INC.

Current Principal Place of Business:

3800 SOUTH OCEAN DRIVE
SUITE 213
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

New Mailing Address:

3800 SOUTH OCEAN DRIVE
SUITE 213
HOLLYWOOD, FL 33019 US

Current Mailing Address:

1861 NORTH FEDERAL HWY.
248
HOLLYWOOD, FL 33020

FEI Number: 26-2339911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOIDAP, NATALIA
1861 NORTH FEDERAL HWY.
248
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

LOIDAP, NATALIA
3800 SOUTH OCEAN DRIVE
SUITE 213
HOLLYWOOD, FL 33019 US

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.

SIGNATURE: NATALIA LOIDAP

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOIDAP, NATALIA
Address: 1861 NORTH FEDERAL HWY. # 248
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOIDAP, NATALIA
Address: 3800 SOUTH OCEAN DRIVE # 213
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIA LOIDAP

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date