

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000101025

FILED
Feb 23, 2009
Secretary of State**Entity Name:** SEA OCEAN INTERNATIONAL INC**Current Principal Place of Business:**3300 N.W. NORTH RIVER DRIVE
MIAMI, FL 33142 US**New Principal Place of Business:****Current Mailing Address:**3300 N.W. NORTH RIVER DRIVE
MIAMI, FL 33142 US**New Mailing Address:****FEI Number:** 37-1579802**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ISAACS, ALFRED T
3300 N.W. NORTH RIVER DRIVE
MIAMI, FL 33142 US**Name and Address of New Registered Agent:**ROSE, GARTH
3300 N.W. NORTH RIVER DRIVE
MIAMI, FL 33142 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: GARTH ROSE PH.D.

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SIMMONDS, WINSTON R
Address: 5410 S.W. 148 AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

Title: COO () Delete
Name: SIMPSON, GARFIELD
Address: 4715 NW 72 AVE
City-St-Zip: MIAMI, FL 33166 US

Title: DIR () Delete
Name: FEARON, ALVA
Address: 1053 NW 184 WAY
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: SEC () Delete
Name: ISAACS, ALFRED
Address: 1830 S.W. 13 STREET
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: TRES () Delete
Name: CHUNG-PEARON, NATALIE
Address: 1053 NW 184 WAY
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CHUNG-PEARON, NATASHA
Address: 1053 NW 184 WAY
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP (X) Change () Addition
Name: FEARON, ALVA
Address: 1053 NW 184 WAY
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: SEC (X) Change () Addition
Name: SIMMONDS, GLENNIS
Address: 5410 SW 148 AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALVA I FEARON

VP

02/23/2009

Electronic Signature of Signing Officer or Director

Date