

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104657

Entity Name: UNIT 3503 OCEAN FOUR, INC.

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134

New Principal Place of Business:

17201 COLLINS AVENUE
UNIT 3503
SUNNY ISLES, FL 33160

Current Mailing Address:

901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134

New Mailing Address:

17201 COLLINS AVENUE
UNIT 3503
SUNNY ISLES, FL 33160

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALBORNOZ, WILLIAM H ESQ.
901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MUNOZ, JAVIER
17201 COLLINS AVENUE
UNIT 3503
SUNNY ISLES, FL 33160 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: JAVIER MUNOZ

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: 3 () Delete
Name: MUNOZ, JAVIER
Address: 901 PONCE DE LEON BLVD. SUITE 603
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MUNOZ, ANA BEATRIZ
Address: 17201 COLLINS AVENUE UNIT 3503
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP () Change (X) Addition
Name: MUNOZ, JAVIER
Address: 17201 COLLINS AVENUE UNIT 3503
City-St-Zip: SUNNY ISLES, FL 33160

Title: S () Change (X) Addition
Name: MUNOZ, ANA BEATRIZ
Address: 17201 COLLINS AVENUE UNIT 3503
City-St-Zip: SUNNY ISLES, FL 33160

Title: T () Change (X) Addition
Name: MUNOZ, JAVIER
Address: 17201 COLLINS AVENUE UNIT 3503
City-St-Zip: SUNNY ISLES, FL 33160

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: JAVIER MUNOZ

VP

02/13/2009

Electronic Signature of Signing Officer or Director

Date