

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90090 022 \*\*\*150.00

**DOCUMENT # P93000030234**

1. Entity Name

OCEAN TRADE INTERNATIONAL, INC.



Principal Place of Business

9600 NW 25TH STREET  
SUITE #7C  
MIAMI FL 33172  
US

Mailing Address

9600 NW 25TH STREET  
SUITE #7C  
MIAMI FL 33172  
US

2. Principal Place of Business

16517 SW 52 ST  
Suite, Apt. #, etc.  
MIAMI FL  
City & State

3. Mailing Address

P.O. BOX 941265  
Suite, Apt. #, etc.  
MIAMI FL  
City & State



MOORE CR2E034 (11/03)

Zip

33185

Country

USA

Zip

33194

Country

USA

6. Name and Address of Current Registered Agent

BLANCO, ANA  
3766 SW 133RD PLACE  
MIAMI FL 33175

16517 SW 52 ST  
MIAMI FL  
33185

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

ANA BLANCO

Ocean Rowe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BLANCO, JAMIE  
STREET ADDRESS 3766 SW 133 PL  
CITY-ST-ZIP MIAMI FL 33175

TITLE VP  
NAME BLANCO, ANA M  
STREET ADDRESS 3766 SW 133 PL  
CITY-ST-ZIP MIAMI FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 16517 SW 52 ST  
CITY-ST-ZIP MIAMI, FL 33185

TITLE  
NAME  
STREET ADDRESS 16517 SW 52 ST  
CITY-ST-ZIP MIAMI, FL 33185

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ocean Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/04