2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9400002038

FILED Jul 09, 2004 8:00 am Secretary of State

07-09-2004 90003 022 ***150.00

1. Entity Nam EWART C	DCEANIA INC.								
Principal Place 3943 NE 17° N. MIAMI BEA		Mailing Address 1061, W OARKLADD BLVI SUITE 123 FT LAUDERDALE, FL 333			# F B R B 1,1	O IONA DIBIL DOM DRIN O		0829	41 11 : 11 1411
2. Principal Pl	ace of Business	3. Mailing Address	KLAND						
Suite, Apt. #, etc.		PSuite, Apt. #, etc. PARK BLVD. SUITE 12		3	07062004	Chg-P	CR2E	034 (10/03)	
City & State	•	FCity & State	-OALE	4	. FEI Numb 65-046			1	plied For t Applicable
Zip .	Country	PL33311	Country			of Status Desired		\$8.75 Add	
,-rc	~6.≋Name and Address of Current I	Registered Agent	Name	7	. Name and	Address of New	Registered		··
MALCOLM, MOSELEY H 1824 NW 48TH TERRACE COCONUT CREEK, FL 33068					Box Numb	ariz Nervocebiap		c€ }	
	named entity submits this statement for	the purpose of changing its re			agent, or bo		FL lorida. I am	Zia Cad familiar with,	o63 and accept
SIGNATURE_	ons of registered agent.								
4	Signature, typed or printed name of registered agent a	and tale if applicable. (NOTE: Re	agistered Agent signature	required whe	n reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Fina Trust Fund Contribution				\$5.00 Added t	May Be to Fees	In accordance corporation did	with s. 607 I not receiv	'.193(2)(b), e the prior r	F.S., the notice.
10.	i OFFICERS AND I	DIRECTORS	11.		ADDITIONS.	CHANGES TO OF	FICERS AND	DIRECTOR	5 IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HORTON, MICHAEL 16485 COLLINS AVE MIAMI BEACH, FL 331604554	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MALCOLM, MOSELEY H 1061 W OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
NAME = = ? STREET ADDRESS CITY-ST-ZIP	مسيشت دور	□ Delete _	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· -		☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	Change	Addition

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

Mr It M Morelle

07/06/2004

9545652303

Date

Daytme Phone #

54060829 54060829

50RRY ZIP code was Sorry - did not receive. Have re corrected MR H M Museley 954 565 2303