2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000067338

1. Entity Name

FLORIDA OCEAN CARRIER, INC.



Principal Place of Business

7700 NW 79 PLACE

UNIT D-2

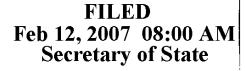
MEDLEY, FL 33166

Mailing Address

7700 NW 79 PLACE

UNIT D-2

MEDLEY, FL 33166





DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

		•	•
4.	FEI Number		Applied For
	65-0520364		Not Applicable

No Chg-P

\$8.75 Additional

CR2E034 (11/05)

ESPINOLA, VICTOR 7700 NW 79 PLACE UNIT D-2 MEDLEY, FL 33166

DO NOT WRITE IN THIS SPACE

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.

10.

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

(NOTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

01062007

TITLE ESPINOLA, MAYRA A NAME 7700 NW 79 PLACE, UNIT D-2 STREET ADDRESS MEDLEY, FL 33166 CITY-ST-ZIP TITLE DORA V. SODERBERG STREET ADDRESS 7700 NW 79 PLACE, UNIT D-2 CITY-ST-ZIP MEDLEY, FL 33166 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

OFFICERS AND DIRECTORS

000000633492 02/21/07-80064-015 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07

305-593-1646