


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90005 050 ***158.75

DOCUMENT # P97000046972					
1. Entity Name SOUTH OCEAN ENTERPRISES, INC.					
Principal Place of Business 165 PONCE DE LEON ST ROYAL PALM BEACH FL 33441			Mailing Address 165 PONCE DE LEON ST ROYAL PALM BEACH FL 33441		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0837407	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent ORNELAS, DENNISE 165 PONCE DE LEON ST ROYAL PALM BEACH FL 33441				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
10. OFFICERS AND DIRECTORS			9. Election Campaign Financing - \$5.00 May Be Added to Fees <input type="checkbox"/>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORNELAS, DENNISE		NAME		
STREET ADDRESS	165 PONCE DE LEON ST		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33441		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORNELAS, PEDRO		NAME		
STREET ADDRESS	165 PONCE DE LEON ST		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33441		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORNELAS, PEDRO		NAME		
STREET ADDRESS	165 PONCE DE LEON ST		STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33441		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 IMA empowered.

SIGNATURE: *Dennise Ornelas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/01/2004 (S61)248-4103
Date Daytime Phone #