

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047130

**FILED**  
**Mar 16, 2006**  
**Secretary of State**

**Entity Name:** OCEANIC ROSE DEVELOPER, INC.

**Current Principal Place of Business:**

8358 W OAKLAND PARK BLVD  
300  
SUNRISE, FL 33155

**New Principal Place of Business:**

3524 NW 10TH AVE  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

P.O. BOX 160943  
MIAMI, FL 33116

**New Mailing Address:**

3524 NW 10TH AVE  
OAKLAND PARK, FL 33309

**FEI Number:** 65-0755998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROUSILLAT, CESAR A  
8358 WEST OAKLAND PARK BLVD  
SUITE 300  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

CROUSILLAT, CESAR A  
3524 NW 10TH AVE  
OAKLAND PARK, FL 33309 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: CESAR A CROUSILLAT

03/16/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: CROUSILLAT, CESAR A  
Address: 134 DOCKSIDE TERR  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: CROUSILLAT, CESAR A  
Address: 3524 NW 10TH AVE  
City-St-Zip: OAKLAND PARK, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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: CESAR A CROUSILLAT

PTSD

03/16/2006

Electronic Signature of Signing Officer or Director

Date