


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91003 035 ***150.00

DOCUMENT # P98000007598	
1. Entity Name LAND & OCEAN #1, INC.	

Principal Place of Business 2333 STIRLING RD FORT LAUDERDALE, FL 33312	Mailing Address 2333 STIRLING RD FORT LAUDERDALE, FL 33312
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2. Principal Place of Business 908 E. LAS OLAS BLVD	3. Mailing Address 3805 N. 47TH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04212004 Chg-P CR2E034 (10/03)

City & State FT. LAUDERDALE, FL	City & State HOLLYWOOD, FL
Zip 33301	Zip 33021
Country USA	Country USA

4. FEI Number 65-0812254	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HEBY, JACKY 2333 STIRLING RD FORT LAUDERDALE, FL 33312	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	3805 N. 47TH AVE
City	HOLLYWOOD FL Zip Code 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VTD	<input type="checkbox"/> Delete	TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEBY, JACKY		NAME	
STREET ADDRESS 2333 STIRLING RD		STREET ADDRESS 3805 N. 47TH AVE.	
CITY-ST-ZIP FORT LAUDERDALE, FL 33312		CITY-ST-ZIP HOLLYWOOD, FL 33021	
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	
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 like empowered.

SIGNATURE:  **JACKY HEBY, PRES.** **4/21/04** **954-651-5588**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #