2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 02, 2004 8:00 am Secretary of State

DOCUMENT # P98000028709 1. Entity Name OCEAN MARKET, INC.					09-02-2004 90072 049 ***150.00				
Principal Place	of Business	Mailing Address			1				
6436 SW 16 MIAMI, FL 33	= -	6436 SW 16 ST MIAMI, FL 33155					5407	11402	
• 5: : : 5	(D):	1 a A A 30 A			_				
z. Principai Pi	ace of Business	3. Mailing Address				8 			
Suite, Apt.	#, etc. (i	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	08302004	Chg-P	CR2E034 (10/0	3)	
City & State	9 "	City & State			4. FEI Numb 65-082			Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	\$8.75 Fee Requ	Additional	
-	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R		2,100	
Name Trac H						IBAUM, MARTIN			
TUCHBAUM, MARTIN 6436 SW 16 ST Street					ddress (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33155					36 SW 16 SI.				
				City/.			FL 交	Code ~ ~	
8. The above named entity submits this statement for the purpose of changing to registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept									
the obligations of registered agent									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)									
FILE NOWIII FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees corporate to the second corporate t						In accordance v corporation did	vith s. 607.193(2)(not receive the pri	b), F.S., the or notice.	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF			
TITLE	VD	☐ Delete	TITLE				Chan	ge 🗌 Addition	
NAME STREET ADDRESS	TUCHBAUM, MARTIN 1770 NE 147ST	•	NAM STRE	ET ADDRESS 6	13650	W 1657	•		
CITY-ST-ZIP	MIAMI, FL 33181			-ST-ZIP	IAMI, F	W 1657 L. 33155	-	ļ	
TITLE	PSTD	Delete	TITLE				☐ Chan	ge 🔲 Addition	
NAME	MARTINEZ, MARTHA	•	NAM	Y					
STREET ADDRESS CITY-ST-ZIP	6436 SW 16 ST MIAMI, FL 33155			ET ADDRESS -ST-ZIP					
_TITLE	IMIZIMI, I E 30100	Delete	TITL				Chan	ge 🔲 Addition	
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CITY-ST-ZIP			CITY	- ST- ZIP					
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CITY-ST-ZIP	'			-ST-ZIP			61	~t ,	
TITLE		□ Delele	TITL				☐ Chan	ge Addition	
NAME	:		NAM	i					
STREET ADDRESS				ET ADDRESS		- +-			
CITY-ST-ZIP	The state of the s	11 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		-ST-ZIP	3		18 35 3 3 3 3	- 1-6	
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									

SIGNATURE

THUS AND THEN ON PRINTED WHILE OF SIGNING OFFICER OR ORSECTO

08/30/2004 (786) 251-