2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000046188

Entity Name: CARIBBEAN OCEAN CORP. (JA.)

FILED Jul 11, 2005 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|--|---|---------------------------------|---------|--|---|--|
| 8575 NW 79TH AVENUE MIAMI, FL 33168 | | | | 8005 NW 80TH STREET UNIT 4 MIAMI, FL 33168 | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 8575 NW 79TH AVENUE MIAMI, FL 33168 | | | | 8005 NW 80 STREET UNIT 4 MIAMI, FL 33168 | | |
| FEI Number: | 65-0926594 | FEI Number Applied For () | FEI Nun | nber Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and | | | | | of New Registered Agent: | |
| PEMBROK | 23RD STREE E PINES, FL named entity s | 33028 US | rpose o | f changing its register | ed office or registered agent, or both, | |
| SIGNATUR | | | | | | |
| SIGNATUR | | ic Signature of Registered Agen | | | Date | |
| Election Can | | g Trust Fund Contribution (). | • | | Bate | |
| OFFICERS | AND DIREC | TORS: | | ADDITIONS/CHANG | SES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () OSBORNE, DE 12507 NW 23R PEMBROKE PII | D STREET | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VPD () JORDAN, ADEL 5769 NW 99TH MIAMI, FL 331 | AVENUE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TD () OSBORNE, LOI 12507 NW 23R PEMBROKE PII | D STREET | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD () RUSSELL, JOA 12507 NW 23R PEMBROKE PII | N D STREET | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () OSBORNE, HU 12507 NW 23R PEMBROKE PII | D STREET | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () TORIBIO, MARI 5769 NW 99TH MIAMI, FL 331 | AVENUE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HUGH OSBORNE D 07/11/2005