2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 23, 2008 08:00 AN Secretary of State

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1. Entity Name

OCEAN ONE EXPRESS, INC.



Principal Place of Business

7500 NW 82 PLACE MIAMI, FL 33166 Mailing Address

7500 NW 82 PLACE MIAMI, FL 33166



04212008

No Chg-P

CR2E034 (11/05)

4. FEI Number 58-2479249

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

DONES, JORGE 7500 NW 82 PLACE MIAMI, FL 33166

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MIAMI, FL 33166			IN THIS SPACE		
the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or i	or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and little if	applicable (NOTE, Registered A	gent signatur	Use required when reinstating) 95/08/08-30073-022-150.00	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			٦
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONES, ANGEL J 7500 NW 82 PLACE MIAMI, FL 33166				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS KRISSEL, RICHARD 7500 NW 82 PLACE MIAMI, FL 33166				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
NAME STREET ADDRESS CHTY-ST-ZIP				IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE				•	I

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 emboured 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #