

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90012 016 ***150.00

DOCUMENT # P99000079701

1. Entity Name
O&C AMERICAN, CORP.



Principal Place of Business
**220-71ST STREET
SUITE 207
MIAMI BEACH, FL 33139 US**

Mailing Address
**P.O. BOX 415342
MIAMI BEACH, FL 33141**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0947231

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE WALL MANAGEMENT, CORP
220-71 STREET
SUITE 207
MIAMI BEACH, FL 33141**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DE-LUIS, ORLANDO
STREET ADDRESS 1615 WEST AVENUE 204
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME DE-LUIZ, ORLANDO
STREET ADDRESS 1615 WEST AVENUE 204
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TSD
NAME DE FRIETAS, CELSO R
STREET ADDRESS 1615 WEST AVENUE 204
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

TITLE VSDT
NAME DE-FREITAS, CELSO R.
STREET ADDRESS 1945 CARLYLE AVE #08
CITY-ST-ZIP MIAMI BEACH, FL 33141 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

CELSO R. DE FREITAS 03/16/04 3058658180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #