2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S83406

1. Entity Name
BLUE OCEAN INVESTMENTS, CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 16 AM 11:41

REINSTATEMENT 05

Principal Place of Business
6780 CORAL WAY
200
MIAMI, FL 33155 US

Mailing Address
C/O BERTHA FERNANDEZ
8819 FROUDE AVE
MIAMI BCH, FL 33154 US

07192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1987520

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~AGUILA, ADOLFO Z.~~
~~6780 CORAL WAY~~
~~SUITE 200~~
~~MIAMI, FL 33155~~

Bertha Fernandez
8819 FROUDE AVE
SURFSIDE, FL 33154

DO NOT WRITE IN THIS SPACE

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 X Bertha Fernandez 12/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AGUILA, ADOLFO Z.
STREET ADDRESS	6780 CORAL WAY SUITE 200
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	PD
NAME	FERNANDEZ, BERTHA
STREET ADDRESS	8819 FROUDE AVE
CITY-ST-ZIP	MIAMI BCH, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100062226231
12/16/05--01043--003 **150.00

100062226231
12/16/05--01043--009 **50.00

DO NOT WRITE IN THIS SPACE

100062226231
12/16/05--01043--010 **550.00

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/05
Date

305 868-3638
Daytime Phone #