2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S83406

1. Entity Name
BLUE OCEAN INVESTMENTS, CORP.

Principal Place of Business	Mailing Address
6780 CORAL WAY 200 MIAMI, FL 33155 US	C/O BERTHA FERNANDEZ 8819 FROUDE AVE MIAMI BCH, FL 33154 US

DO NOT WRITE IN THIS SPACE

04032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
58-1987520	Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, BERTHA
8818 FROUDE AVENUE
SURFSIDE, FL 33154

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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, 2007 Fee will be $550.00

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

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05/22/07-80103-017 150.00

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12. I hereby certify that the information supplied with this filing 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 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 _____   4/15/07   305 868 3638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #