2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V01296

1. Entity Name
OCEANBOUND ENTERPRISES, INC.

Principal Place of Business	Mailing Address
12955 BISCAYNE BLVD 324 MIAMI, FL 33181 US	12955 BISCAYNE BLVD 324 MIAMI, FL 33181 US

2. Principal Place of Business
1940 HARRISON ST.
Suite, Apt. #, etc. #208
City & State: Hollywood FL
Zip: 33020   Country: U.S.A

3. Mailing Address
1940 HARRISON ST
Suite, Apt. #, etc. #208
City & State: HWD. FL.
Zip: 33020   Country: USA

03142006 ... Chg-P. ... CR2E034 (11/05)

4. FEI Number 65-0305036   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, JOSE R
3850 NE 167 ST
NORTH MIAMI, FL 33160

7. Name and Address of New Registered Agent

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, 2006 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 P NAME SANCHEZ, JOSE R PRES STREET ADDRESS 3850 NE 167 ST CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE S NAME MORILLO, CLAUDIA F STREET ADDRESS 3850 NE 167 ST CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160		☐ 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
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 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: ___   PRES.   4-5-2006   305-892-1305

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