2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

| DOCL | JMENT | # V1 | 5507 |
|------|-------|------|------|
|------|-------|------|------|

1. Entity Name OCCIDENTAL UNION CORP.



Principal Place of Business

13324 SW 128 ST MIAMI, FL 33186 Mailing Address

13324 SW 128 ST MIAMI, FL 33186

US



DO NOT WRITE IN THIS SPACE

 04282008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 65-0320158
 Applied For Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMITT, LLOYD B 6625 SW 76 TER MIAMI, FL 33143

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

| SIGNATURE Signature, typed or printed name of registered agent and title d applicable. (NOTE: Registered Agent signature required when reinstating) OATE | | | | | | |
|---|--|--|---------------|--------------------------------|---|--|
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | 000000942643 05/29/08-80028-014 150.00 | |
| 10. | OFFICERS AND DIREC | CTORS | | • | | |
| NAME STREET ADDRESS CITY-ST-ZIP | RICCO, WILLIAM R 19065 SW 128TH COURT MIAMI, FL 33177 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST SCHMITT, LLOYD B 6625 SW 76 TERR MIAMI, FL 33143 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | | |
| TITLE . NAME STREET ADDRESS | | | | | | |

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

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 phort 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 yields 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 yieldings, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPLY 30, 2008 786473-8446

Daytime Phone #