

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V53443

FILED
Apr 14, 2004
Secretary of State

Entity Name: INTER-OCEAN CORPORATION

Current Principal Place of Business:

5418 ALTON RD
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5418 ALTON RD
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0348399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL H. WOLF P.A.
3832 NORTH UNIVERSITY DR
SUNRISE, FL 33321

Name and Address of New Registered Agent:

MICHAEL H. WOLF P.A.
3832 NORTH UNIVERSITY DR
MERCEDE AMERICAN PLAZA
SUNRISE, FL 33321

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.

SIGNATURE: SHARON BRECHER

04/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: EZEKIEL, ALFRED,
Address: 5418 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: BRECHER, SHARON
Address: 5418 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BRECHER

D

04/14/2004

Electronic Signature of Signing Officer or Director

Date