
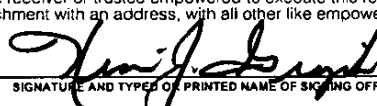



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90033 012 \*\*\*550.00

DOCUMENT # L71220			
1. Entity Name OSIRIS HOLDING OF FLORIDA, INC.			
Principal Place of Business 4420 SW 8TH ST MIAMI, FL 33134 US		Mailing Address 1929 ALLEN PARKWAY HOUSTON, TX 77019 XX	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 130548	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 9th Floor	
City & State		City & State Houston Texas	
Zip	Country	Zip	Country
		77219-0548	
4. FEI Number 65-0206312		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D/P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGINO, NOBLE L	NAME	
STREET ADDRESS	1929 ALLEN PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, CURTIS G	NAME	
STREET ADDRESS	1929 ALLEN PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	
TITLE	D/S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, JUDITH M	NAME	Janet S. Key
STREET ADDRESS	1929 ALLEN PARKWAY	STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	HOUSTON TEXAS 77019
TITLE	TRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAJEK, KEVIN J	NAME	
STREET ADDRESS	1929 ALLEN PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77019	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Treasurer 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	