

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90450 015 ***150.00

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04272006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000051896					
1. Entity Name OH CAPITAL ASSETS GROUP, INC.					
Principal Place of Business 18306 SW 150 CT MIAMI, FL 33187			Mailing Address 18306 SW 150 CT MIAMI, FL 33187		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-3747544	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENA, GERMAN PA 9010 SW 137 AVE SUITE 113 MIAMI, FL 33186			7. Name and Address of New Registered Agent Name J. GARCIA & ASSOCIATES, P.A. Street Address (P.O. Box Number is Not Acceptable) 4801 S. UNIVERSITY DR. SUITE #302 City DAVIE FL Zip Code 33328		
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 		ORLANDO HERNANDEZ		DATE 04/28/2006	
Bar Code. Contains current name of registered agent and FEI if Applicable.		(NOTE: Registered Agent signature required when reappointing)		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	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HERNANDEZ, ORLANDO		NAME		
STREET ADDRESS	18306 SW 150 CT		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33187		CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ 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: 		ORLANDO HERNANDEZ		DATE 04/28/2006 3059699411	
SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	