


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-17-2006 90070 046 ***150.00

DOCUMENT # P05000067823
 1. Entity Name
OASIS, EXPORT & IMPORT, INC



Principal Place of Business Mailing Address
28 CLEAR VIEW S. COURT **28 CLEAR VIEW S. COURT**
PALM COUST FL 32137 **PALM COUST FL 32137**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
PEREZ, GUILLERMO
28 CLEAR VIEW S. COURT
PALM COUST FL 32137

7. Name and Address of New Registered Agent
 Name **OASIS Import and Export Inc**
 Street Address (P.O. Box Number is Not Acceptable) **28 CLEARVIEW CT**
 City **Palm coast** **FL** Zip Code **32137**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PEREZ, MONICA	
STREET ADDRESS	28 CLEAR VIEW S. COURT	
CITY-ST-ZIP	PALM COUST FL 32137	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEREZ, MONICA	
STREET ADDRESS	28 CLEAR VIEW S. COURT	
CITY-ST-ZIP	PALM COUST FL 32137	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	PEREZ, MONICA	
STREET ADDRESS	28 CLEAR VIEW S. COURT	
CITY-ST-ZIP	PALM COUST FL 32137	
TITLE	TES	<input type="checkbox"/> Delete
NAME	PEREZ, MONICA	
STREET ADDRESS	28 CLEAR VIEW S. COURT	
CITY-ST-ZIP	PALM COUST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Monica Perez* 27/01/2006 321287864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #