

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000071735

FILED
Feb 21, 2004
Secretary of State

Entity Name: EL OASIS DE LOS ANGELES, INC.

Current Principal Place of Business:

1800 W. 68 ST
STE 125
HIALEAH, FL 33014

New Principal Place of Business:

1800 W. 68 ST
STE 126
HIALEAH, FL 33014

Current Mailing Address:

1800 W. 68 ST
STE 125
HIALEAH, FL 33014

New Mailing Address:

1800 W. 68 ST
STE 126
HIALEAH, FL 33014

FEI Number: 65-0857139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MARIA C
3300 E. MEADOW CIRCLE
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, MARIA C
Address: 3300 E. MEADOW CIRCLE
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: MILLER, JAY F
Address: 3300 E. MEADOW CIRCLE
City-St-Zip: MIRAMAR, FL 33025

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: MARIA C MILLER

D

02/21/2004

Electronic Signature of Signing Officer or Director

_____ Date