

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90342 020 \*\*\*150.00

<b>DOCUMENT # P03000022039</b> 1. Entity Name <b>OASIS FAMILY SERVICES, INC.</b>			
Principal Place of Business <b>1133 KEMPTON CHASE PKWY</b> <b>ORLANDO, FL 32837</b>		Mailing Address <b>1133 KEMPTON CHASE PKWY</b> <b>ORLANDO, FL 32837</b>	
2. Principal Place of Business <b>2226 NEWT ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>2226 NEWT ST</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO FL.</b>		City & State <b>ORLANDO FL.</b>	
Zip <b>32837</b>	Country	Zip <b>32837</b>	Country
4. FEI Number <b>55-0824917</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SANTOS, LUIS A</b> <b>1133 KEMPTON CHASE PKWY</b> <b>ORLANDO, FL 32837</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2226 NEWT ST</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32837</b>	
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 _____ <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, 2004 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 <b>P</b> <input type="checkbox"/> Delete NAME <b>SANTOS, LUIS A</b> STREET ADDRESS <b>1133 KEMPTON CHASE PKWY</b> CITY-ST-ZIP <b>ORLANDO, FL 32837</b>	TITLE <b>2226 NEWT ST</b> NAME <b>ORLANDO FL. 32837</b> STREET ADDRESS <b>ORLANDO FL. 32837</b> CITY-ST-ZIP	TITLE <b>2226 NEWT ST</b> NAME <b>ORLANDO FL. 32837</b> STREET ADDRESS <b>ORLANDO FL. 32837</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>DIAZ, LYDIA E</b> STREET ADDRESS <b>1133 KEMPTON CHASE PKWY</b> CITY-ST-ZIP <b>ORLANDO, FL 32837</b>	TITLE <b>2226 NEWT ST</b> NAME <b>ORLANDO FL. 32837</b> STREET ADDRESS <b>ORLANDO FL. 32837</b> CITY-ST-ZIP	TITLE <b>2226 NEWT ST</b> NAME <b>ORLANDO FL. 32837</b> STREET ADDRESS <b>ORLANDO FL. 32837</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 <u>Luis A. Santos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT <b>LUIS A. SANTOS</b> <b>15-11-04</b> <b>407-855-2568</b> <small>Date Daytime Phone #</small>	