## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 510895

L Entity Name

O.S. CONSTRUCTION OF SOUTH FLORIDA, INC.



FILED Feb 14, 2005 8:00 am Secretary of State

02-14-2005 90072 022 \*\*\*150.00

	·				
Principal Place of Business	Mailing Address				
* <del>40 NE 1ST AVE:</del> MIAMI, FL -33131 US*	2310 HOLLYWOOD E HOLLYWOOD, FL 33		) • Guarrich Withir Lithin Wilkir Filinin aufwei wie der	50015079	
2. Principal Place of Business	3. Mailing Address	·			
Suite, Apt, #, etc.	Suite, Apt. #, etc.		01142005 Chg-P	CR2E034 (10/03)	
Dalla wood,	FU City & State		4. FEI Number 59–1690503	Applied For Not Applicable	
330au 13	Loward Zip	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required	
6. Name and Ad	dress of Current Registered Agent		7. Name and Address of New Re	gistered Agent	
OVI AD NEA:		Name	•		
SKLAR, NEAL 15 E 3RD AVENUE SUITE #3050		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FL 33131		City		Zip Code	
<ol> <li>The above named entity submit the obligations of registered age</li> </ol>	s this statement for the purpose of changing ent.	its registered office or regi	istered agent, or both, in the State of Flori	da. 1 am familiar with, and accept	
SIGNATURE	name of registered agent and title if applicable. (N	OTE: Registered Agent signature rec	guited when reinstating)	DATE	
FILE NOW!!! FEE ! After May 1, 2005 Fee			\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 11	
TITLE PD SKLAR, OSCAR STREET ADDRESS 121 NE SRD AVE	23/0 Hally out Blog	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE SD NAME SKLAR, ANA STREET ADDRESS 144 NE 3RD AVE	2310 Hally oosh Blow Nally oosh FL 3300 Detelor 2310 Hally word Blow 2540 Hally word FL 3300	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP	2- Na Demand Fl-320	CITY-ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME -	☐ Deleta	THILE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	· .	STREET ADDRESS CITY-ST-ZIP	·		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	

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 of 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 facelyer or trustes embowered 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 application, with all other like empowered.

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/9/05

934-921-9292

☐ Change

☐ Addition