


**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 510895

1. Entity Name  
O.S. CONSTRUCTION OF SOUTH FLORIDA, INC.



Principal Place of Business  
2210 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 US

Mailing Address  
2310 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020 US

2. Principal Place of Business - No P.O. Box #  
  
Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State

City & State

ZipCountry

ZipCountry

4. FEI Number  
59-1690503

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SKLAR, NEAL  
1 E 3RD AVENUE  
SUITE #3050  
MIAMI, FL 33131

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
  
CityFLZip Code

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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS  
TITLE PD  
NAME SKLAR, OSCAR  
STREET ADDRESS 2310 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD, FL 33020  
TITLE SD  
NAME SKLAR, ANA  
STREET ADDRESS 2310 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD, FL 33020  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
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 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: [Signature] 1-22-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #