2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# 360364

Entity Name: OSSI CONSULTING ENGINEERS INC

Current Principal Place of Business:

1810 SOUTH MACDILL AVENUE
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

1810 SOUTH MACDILL AVENUE
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-1287156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSSI, FAREED T.
1810 SOUTH MACDILL AVENUE
TAMPA, FL 33629 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: PD ( ) Delete
Name: OSSI,FAREED T,
Address: 1810 S. MACDILL AVE.
City-St-Zip: TAMPA, FL 33629

Title: TD ( ) Delete
Name: OSSI,JULIA,
Address: 1903 S MACDILL AVE
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete
Name: OSSI, DAVID,
Address: 3211 TACON ST
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete
Name: OSSI, JOHN
Address: 4106 W SAN MIGUEL ST
City-St-Zip: TAMPA, FL 33629

Title: VD ( ) Delete
Name: OSSI, DANNY
Address: 5514 S MACDILL AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: FAREED T. OSSI PD 03/06/2009

Electronic Signature of Signing Officer or Director — Date