


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 663670</b>	
1. Entity Name <b>OVERSEAS SYSTEMS CORPORATION</b>	

Principal Place of Business <b>7452 SW 48 ST 2ND FLOOR MIAMI, FL 33155 US</b>	Mailing Address <b>7452 SW 48 ST 2ND FLOOR MIAMI, FL 33155 US</b>
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1911318</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PETER G. GRUBER, P.A. ONE DATRAN CENTER, SUITE 910 9100 S. DADELAND BLVD. MIAMI, FL 33156</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SANCHEZ, OSMUNDO JR 6810 GRATIAN ST CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOD MARTINEZ, JORGE L 3 GROVE ISLE DR. C-804 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BIANCHI, VIOLET S 8101 S.W. 122 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PINO, TERESITA J 15210 SW 74 COURT PALMETTO BAY, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, LAURA H 8191 S.W. 144 STREET PALMETTO BAY, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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02/04/08-80004-017-158.75

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: 	01/08/08 305-667-3808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #