

FILED
Jan 13, 2006 08:00 A
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J04370 1. Entity Name ISLAND OASIS OF MIAMI, INC.			
Principal Place of Business 516 NE 190 ST MIAMI, FL 33179 US		Mailing Address 516 NE 190 ST MIAMI, FL 33179 US	
DO NOT WRITE IN THIS SPACE			
		01052006 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-2765942	
		Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUERRA, JOSE D. 11040 SW 61ST TERR. MIAMI, FL 33173		DO NOT WRITE IN THIS SPACE	
6. 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 renewing). DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		1000000385524 01/18/06-80019-021 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD STEWART, JERRY B., JR. 2525 BAY AVENUE MIAMI BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		STD GUERRA, JOSE D. 11040 SW 61ST TERR. MIAMI, FL	
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: <u>Jose D. Guerra</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		01-10-06 Date	
JOSE D. GUERRA		305-655-0885 Daytime Phone #	