


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # J87649 1. Entity Name O. S. A. AUTO, INC.	
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Principal Place of Business
13759 S.W. 139TH CT.
MIAMI, FL 33173-4649 US

Mailing Address
9745 SUNSET DRIVE
SUITE 201
MIAMI, FL 33173-4649 US



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0008715	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVEIRA, JACQUELINE M
5701 SW 136 ST
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OLIVEIRA, JACQUELINE M 5701 SW 136 ST MIAMI, FL
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03/08/04-80104-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jacqueline Oliveira Jacqueline M. Oliveira 2/17/04 305-235-7797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #