

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K18687

FILED
Jan 19, 2005
Secretary of State

Entity Name: OVERSEAS SERVICES INTERNATIONAL CORP.

Current Principal Place of Business:

1001 BRICKELL BAY DRIVE
SUITE 1716
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1001 BRICKELL BAY DRIVE
SUITE 1716
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0037701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TZANETATOS, ANDROMAJI
1001 BRICKELL BAY DRIVE
SUITE 1716
MIAMI, FL 33131 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: DP () Delete
Name: TZANETATOS, ANDROMAJI
Address: 1001 BRICKELL BAY DR., STE. 1716
City-St-Zip: MIAMI, FL 33131

Title: SD () Delete
Name: NEIRA, ELIDA DEL C.
Address: 1001 BRICKELL BAY DR., STE. 1716
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: LOMBARDO, MARCELA DE
Address: 1001 BRICKELL BAY DR., STE. 1716
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: ESTRIPEAUT, RAUL
Address: 1001 BRICKELL BAY DR., STE. 1716
City-St-Zip: MIAMI, FL 33131

Title: V () Delete
Name: MULLER, ARTURO
Address: 1001 BRICKELL BAY DR., STE. 1716
City-St-Zip: MIAMI, FL 33131

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 for the exemption stated in Section 119.07(3)(i), 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: ANDROMAJI TZANETATOS

D/P

01/19/2005

Electronic Signature of Signing Officer or Director

Date