

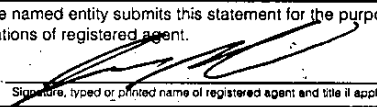
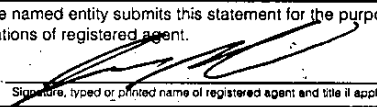
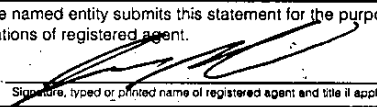
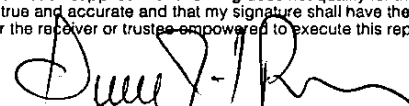


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90051 003 ****50.00

DOCUMENT # L04000037026													
1. Entity Name O.A.G. ENTERPRISES, LLC													
Principal Place of Business 1020A GREENPINE BLVD WEST PALM BEACH, FL 33409			Mailing Address P.O. Box 223292 WEST PALM BEACH, FL 33422										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.											
City & State		City & State											
Zip		Zip											
Country		Country											
4. FEI Number 20-1126081				Applied For <input type="checkbox"/> Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required									
6. Name and Address of Current Registered Agent GIL, OSCAR A 1020A GREEN PINE BLVD WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">Name</td> <td style="width:50%; padding: 2px;">Joseph K. Nori, PA</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td style="padding: 2px;">3284 N. State Rd 11</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Laud Lakes, FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td style="padding: 2px;">33319</td> </tr> </table>			Name	Joseph K. Nori, PA	Street Address (P.O. Box Number is Not Acceptable)	3284 N. State Rd 11	City	Laud Lakes, FL	Zip Code	33319
Name	Joseph K. Nori, PA												
Street Address (P.O. Box Number is Not Acceptable)	3284 N. State Rd 11												
City	Laud Lakes, FL												
Zip Code	33319												
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. <table style="width:100%;"> <tr> <td style="width:60%;">SIGNATURE: </td> <td style="width:40%; text-align: right;">DATE: 3/11/2005</td> </tr> </table>						SIGNATURE: 	DATE: 3/11/2005						
SIGNATURE: 	DATE: 3/11/2005												
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State											
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES										
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	GIL, OSCAR A		NAME										
STREET ADDRESS	1020A GREENPINE BLVD		STREET ADDRESS										
CITY - ST - ZIP	WEST PALM BEACH, FL 33409		CITY - ST - ZIP										
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	ALMARIO, MARITZA		NAME										
STREET ADDRESS	1020A GREENPINE BLVD		STREET ADDRESS										
CITY - ST - ZIP	WEST PALM BEACH, FL 33409		CITY - ST - ZIP										
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	OROZCO, ALVARO E		NAME										
STREET ADDRESS	1020A GREENPINE BLVD		STREET ADDRESS										
CITY - ST - ZIP	WEST PALM BEACH, FL 33409		CITY - ST - ZIP										
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	GIL, SANDRA E		NAME										
STREET ADDRESS	1020A GREENPINE BLVD		STREET ADDRESS										
CITY - ST - ZIP	WEST PALM BEACH, FL 33409		CITY - ST - ZIP										
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY - ST - ZIP			CITY - ST - ZIP										
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY - ST - ZIP			CITY - ST - ZIP										
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.													
SIGNATURE: 			Date: 4-7-05 (561) 8769573										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE													