

2005 FOR PROFIT CORPORATION ANNUAL REPORT



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Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90234 011 ***158.75

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04142005 Chg-P CR2E034 (10/03)

DOCUMENT # M61650			
1. Entity Name ON GOSSAMER, INC.			
Principal Place of Business 8798 NW 15 STR MIAMI, FL 33172 US		Mailing Address 8798 NW 15 STR MIAMI, FL 33172 US	
2. Principal Place of Business 8785 NW 13 TERRACE Suite, Apt. #, etc.		3. Mailing Address 8785 NW 13 TERRACE Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33172		Country MIAMI-DADE	
4. FEI Number 65-0010678		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMOLEY, STEVEN P 8798 NW 15 STR MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8785 NW 13 TERRACE City MIAMI FL Zip Code 33172	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMOLEV, S P 8798 NW 15 ST MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8785 NW 13 TERRACE MIAMI FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMOLEV, A F 8798 NW 15 ST MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENMAN, H 8798 NW 15 ST MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8785 NW 13 TERRACE MIAMI FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VILLACILLA, HECTOR 8798 NW 15TH ST. MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: 		Date: 04/18/05 305-702-1880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	