

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005586

FILED
Mar 11, 2007
Secretary of State

Entity Name: OSSIGS, INC.

Current Principal Place of Business:

1100 NE 125 STREET
STE.216
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 682006
MIAMI, FL 33168

New Mailing Address:

FEI Number: 20-4289742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, LUDVY
760 NW 131 STREET
MIAMI, FL 33168 -

Name and Address of New Registered Agent:

JOSEPH, LUDVY
760 NW 131 STREET
MIAMI, FL 33168 US

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: LUDVY JOSEPH

03/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOSEPH, LUDVY
Address: P.O. BOX 682006
City-St-Zip: MIAMI, FL 33168

Title: VP () Delete
Name: CHARLES, ROMELITO
Address: 9999 NE 2 AVE
City-St-Zip: MIAMI, FL 33138

Title: FD () Delete
Name: JEAN, MARDOCHE
Address: 86 NE 50 TERRACE
City-St-Zip: MIAMI, FL 33137

Title: CFD () Delete
Name: ALEXANDRE, YVELANDE
Address: 12200 NE 6 AVE APT 106
City-St-Zip: MIAMI, FL 33161

Title: S () Delete
Name: ALBERT, SCINDY
Address: 19801 NE 10TH PLACE
City-St-Zip: MIAMI, FL 33179

Title: PR () Delete
Name: DERA, CARLINE
Address: 380 NW 42 CT #E
City-St-Zip: POMPANO BEACH, FL 33064

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:

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUDVY JOSEPH

P

03/11/2007

Electronic Signature of Signing Officer or Director

Date