2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005586

Entity Name: OSSIGS, INC.

FILED Apr 01, 2008 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
| | |

1100 NE 125 STREET 9999 NE 2ND AVE STE. 216 STE. 110 MIAMI, FL 33161 MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

P.O. BOX 682006 MIAMI, FL 33168

FEI Number: 20-4289742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOSEPH, LUDVY
760 NW 131 STREET
9999 NE 2ND AVE
MIAMI, FL 33168 US
STE 110
MIAMI, FL 33138 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 04/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete JOSEPH, LUDVY Name: Name: P.O. BOX 682006 Address: Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CHARLES, ROMELITO Name: Address: 9999 NE 2 AVE. Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: Title: FD () Delete Title: (X) Change () Addition JEAN, MARDOCHE Name: FERDINAND, MYRTHA Name: 86 NE 50 TERRACE 3685 NW 40 CT Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: LAUDERDALE LAKES, FL 33309

Sity-St-Zip: Milawii, FL 33137 City-St-Zip: Lauderdale Lakes, FL 33309

Title: CFD (X) Delete Title: () Change () Addition Name: ALEXANDRE, YVELANDE Name:

 Name:
 ALEXANDRE, YVELANDE
 Name:

 Address:
 12200 NE 6 AVE APT 106
 Address:

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:

 Name:
 ALBERT, SCINDY
 Name:

 Address:
 19801 NE 10TH PLACE
 Address:

 City-St-Zip:
 MIAMI, FL 33179
 City-St-Zip:

Title: PR (X) Delete Title: () Change () Addition Name: DERA, CARLINE Name:

 Name:
 DERA, CARLINE
 Name:

 Address:
 380 NW 42 CT #E
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33064
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 04/01/2008