

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009041

FILED
Feb 20, 2008
Secretary of State

Entity Name: OASIS ORG INC.

Current Principal Place of Business:

235 SIDONIA AVE #202
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

PO BOX 111533
HIALEAH, FL 33011

New Mailing Address:

FEI Number: 56-2611670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERDOMO, SUYAPA
235 SIDONIA AVE #202
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERDOMO, SUYAPA
Address: 235 SIDONIA AVE #202
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Delete
Name: VIDAL, FERNANDO
Address: 75 EAST 2 STREET APT 4
City-St-Zip: HIALEAH, FL 33010

Title: T (X) Delete
Name: VELASCO, CLAUDIA
Address: 75 EAST 8 STREET APT 4
City-St-Zip: HIALEAH, FL 33010

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:

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: SUYAPA PERDOMO

P

02/20/2008

Electronic Signature of Signing Officer or Director

Date