

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003773

FILED  
Jan 03, 2005  
Secretary of State

Entity Name: MISSION OVERSEAS SERVICES CORPORATION

## Current Principal Place of Business:

1315 CAMPO SANO AR  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

1315 CAMPO SANO AVE  
CORAL GABLES, FL 33146 US

## Current Mailing Address:

1315 CAMPO SANO AR  
CORAL GABLES, FL 33134 US

## New Mailing Address:

1315 CAMPO SANO AVE  
CORAL GABLES, FL 33146 US

FEI Number: 65-0726713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOSTRO, LOUIS  
201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI, FL 33131 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: D ( ) Delete  
Name: QUESENBERRY, WILLIAM F III  
Address: 1315 CAMPO SANO AVE  
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete  
Name: QUESENBERRY, MARY BELLE  
Address: 600 BILTMORE WAY, APT. 1014  
City-St-Zip: CORAL GABLES, FL

Title: D ( ) Delete  
Name: QUESENBERRY, MELISSA E  
Address: 1315 CAMPO SANO AVE  
City-St-Zip: CORAL GABLES, FL 33146

## 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 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 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: WILLIAM F QUESENBERRY III

D

01/03/2005

Electronic Signature of Signing Officer or Director

Date