

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2006  
Secretary of State**

DOCUMENT# N99000005976

Entity Name: OASIS DE ESPERANZA A/G, INC.

**Current Principal Place of Business:**

2025 SHEELER AVE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

2025 SHEELER AVE  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 59-3609773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIBERIO, JIMMY  
2333 SWEETAIRE CT.  
APOPKA, FL 32712 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: PD ( ) Delete  
Name: SIBERIO, JIMMY  
Address: 2025 SHEELER AVE  
City-St-Zip: APOPKA, FL 32703

Title: TD ( ) Delete  
Name: PABON, AWILDA  
Address: 2025 SHEELER AVE  
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete  
Name: MUNIZ, JOSE  
Address: 2025 SHEELER AVE  
City-St-Zip: APOPKA, FL 32703

**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 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: JIMMY SIBERIO

PD

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date