

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000039270

1. Entity Name
OSCAR EQUIPMENT CORPORATION



Principal Place of Business
**24707 SW 109TH AVE
HOMESTEAD, FL 33032**

Mailing Address
**24707 SW 109TH AVE
HOMESTEAD, FL 33032**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1001100

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GALVAN, OSCAR
24707 SW 109TH AVE
HOMESTEAD, FL 33032**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GALVAN, OSCAR
STREET ADDRESS	24707 SW 109TH AVE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	STD
NAME	BEAUZAY, VIRGINIA
STREET ADDRESS	24707 SW 109TH AVE
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oscar Galvan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07
Date

Daytime Phone #