2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000092707  1. Entity Name  OVERSEAS PUBLISHING MANAGEMENT CO. INC.								Feb 21, Secr	2005 etary	08:08:08	00 AM tate
Principal Plac	e of Busines	s	Mailir	ng Address			1	-			
6355 NW 36TH ST, STE 506 6355 NW 36TH ST, S VIRGINIA GARDENS FL 33166 VIRGINIA GARDENS					E 506 L 3316	3	1.00		MBII: SE1:M 1211W	17m11 2 <b>3m</b> 12 <b>181</b> 223 2	*******
2. Principal P	lace of Busin	ness	3. Mailing Address								
Suite, Apt	#, etc.		Suite, Apt. #, etc.				15	st MOORE	CR2E034		·
City & State			City & State				4. FEI Numb	<sup>oer</sup> 65-1047890	)		pplied For lot Applicable
Zip	Country		Zip		Country		5. Certificate	e of Status Desired		\$8.75 Ac Fee Requir	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					<del> </del>
OBERGON, CARLOS E 6355 NW 36TH ST, STE 506 VIRGINIA GARDENS FL 33166											
						Street Address (P.O. Box Number is Not Acceptable)					
						City		<del> </del>	FL	Zip Cod	de
2 The shove	named enfit	y cultimite this etatement t	ed office or registe	·							
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 agen	t end title if ep	plicable (NÓTI	E Registere	d Ageni signature require	d when reinstating)	<del>-, ,</del>	DATE	<del></del>	<del> </del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						<del></del>		9. Election Campa Trust Fund Con			.00 May Be ded to Fees
10.		OFFICERS AND	DIRECTO	ORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS	S/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 11
TITLE	PD	OATH OC A		☐ Delete	TITE MAN			•		Change	Addition
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CITY-ST-ZIP	VIRGINIA	GARDENS FL 33160		☐ Delete	nn			_02/22/05-80	<u> 11133-111</u>		Addition
TITLE NAME	1	I, CARLOS E		□ Detere	NAM					onange	
STREET ADDRESS CITY-ST-ZIP		36TH ST, STE 506 GARDENS FL 33166				FT ADDRESS : ST: ZIP					
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STREET ADDRESS CITY-ST-ZIP	1					-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

FILED

2/17/05 305-871-1157
Date Dayres Proce #