


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90507 016 ***150.00

DOCUMENT # P00000108091 1. Entity Name OASIS ELDERLY, CORP.					
Principal Place of Business 14240 KENDALE LAKE BLVD SW 82ND STREET MIAMI, FL 33183			Mailing Address 14240 KENDALE LAKE BLVD SW 82ND STREET MIAMI, FL 33183		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-1055892 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASTUDILLO, ESPERANZA 15911 SW 104TH TERR MIAMI, FL 33196				7. Name and Address of New Registered Agent Name MARTHA PINANGO Street Address (P.O. Box Number is Not Acceptable) 12325 SW 20 TRR City MIAMI FL Zip Code 33175	
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: <i>[Signature]</i> DATE: 4-28-05 <small>Signature typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASTUDILLO, ESPERANZA <input checked="" type="checkbox"/> Delete 15911 S.W. 104TH TERRACE MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARTHA PINANGO 12325 SW 20 TRR MIAMI FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S- <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARMEN SANCHEZ 14240 SW KENDALE LAKE BLVD MIAMI FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y-P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ENEIAS COIMBRA 14117 SW 55 ST MIAMI FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T- <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAQUEL FIGUEROA 12325 SW 20 TRR MIAMI FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4-28-05 (305) 383-0280 <small>Daytime Phone #</small>		