


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000102555 1. Entity Name OST ENTERPRISES, INC.	
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Principal Place of Business 2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH, FL 33180	Mailing Address 2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH, FL 33180
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**DO NOT WRITE IN THIS SPACE**



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0641323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SUPRASKI, LOUIS A ESQ  
2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR  
NORTH MIAMI BEACH, FL 33180

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCA, OPHELIA A 2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROCA, JUAN 2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR NORTH MIAMI BEACH, FL 33180
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02/23/04-80035-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ophele Roca 2/18/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #